

FIGURE 1

14a

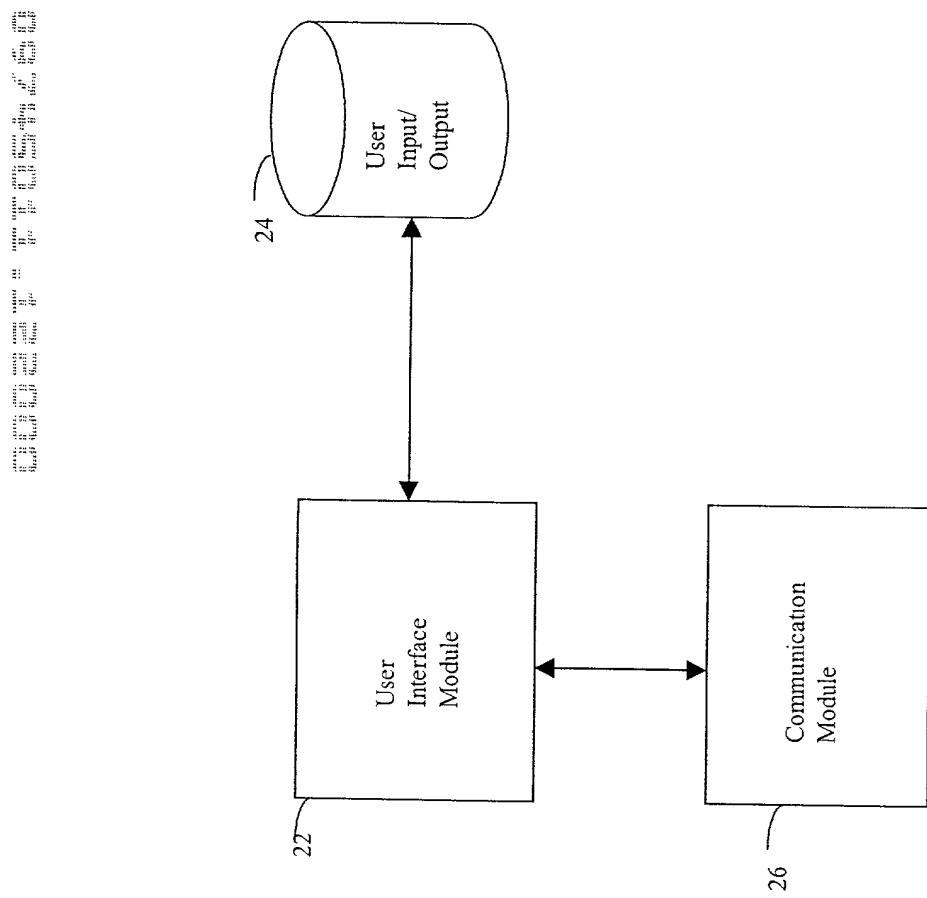


FIGURE 2

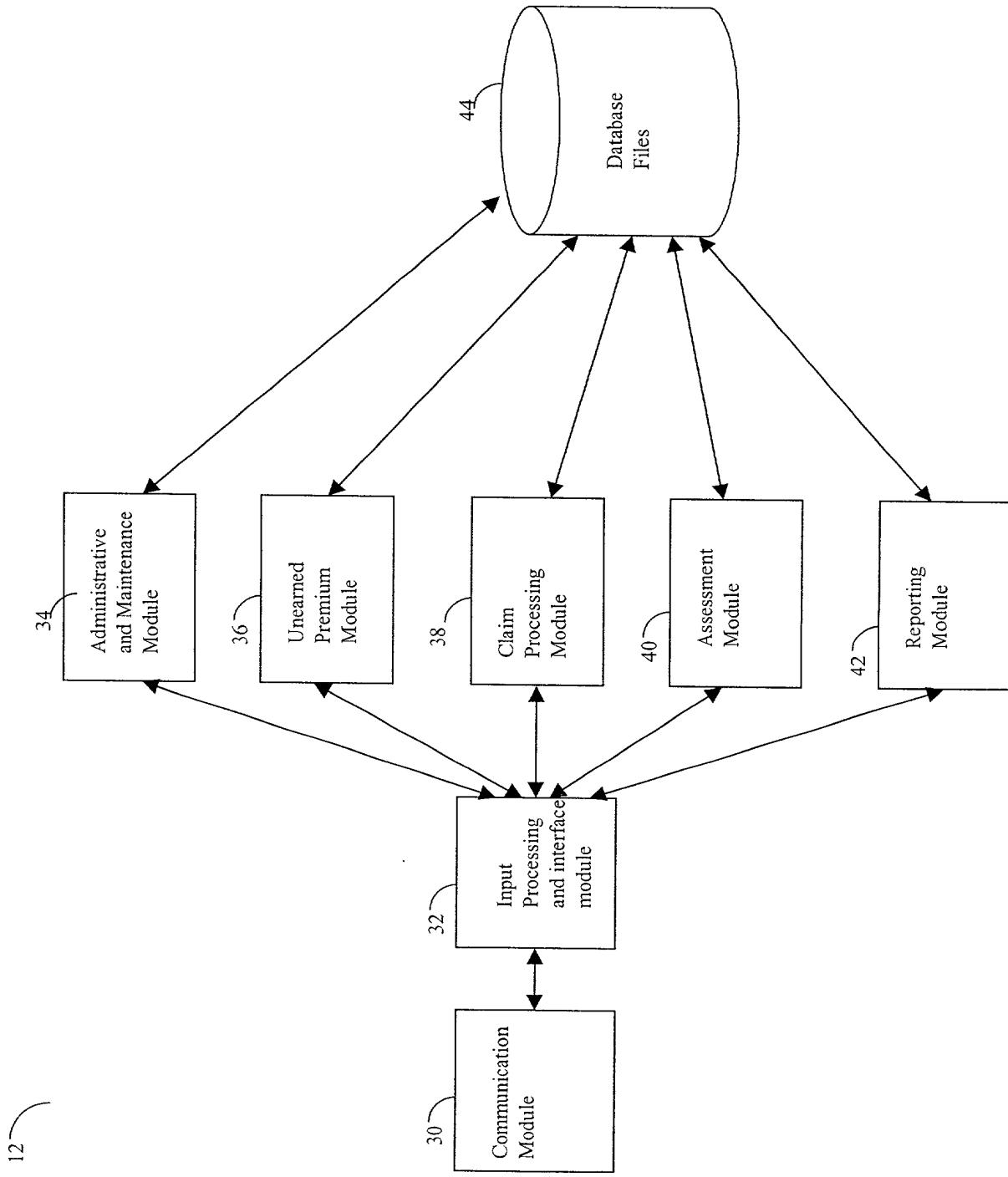


FIGURE 3

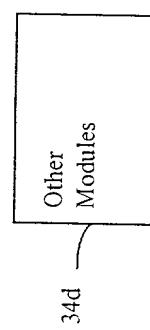
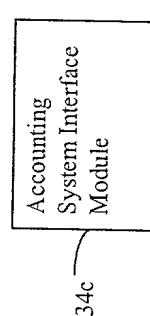
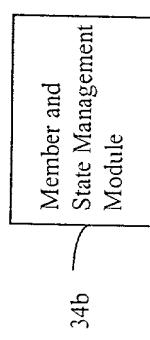
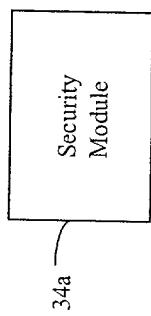


FIGURE 4

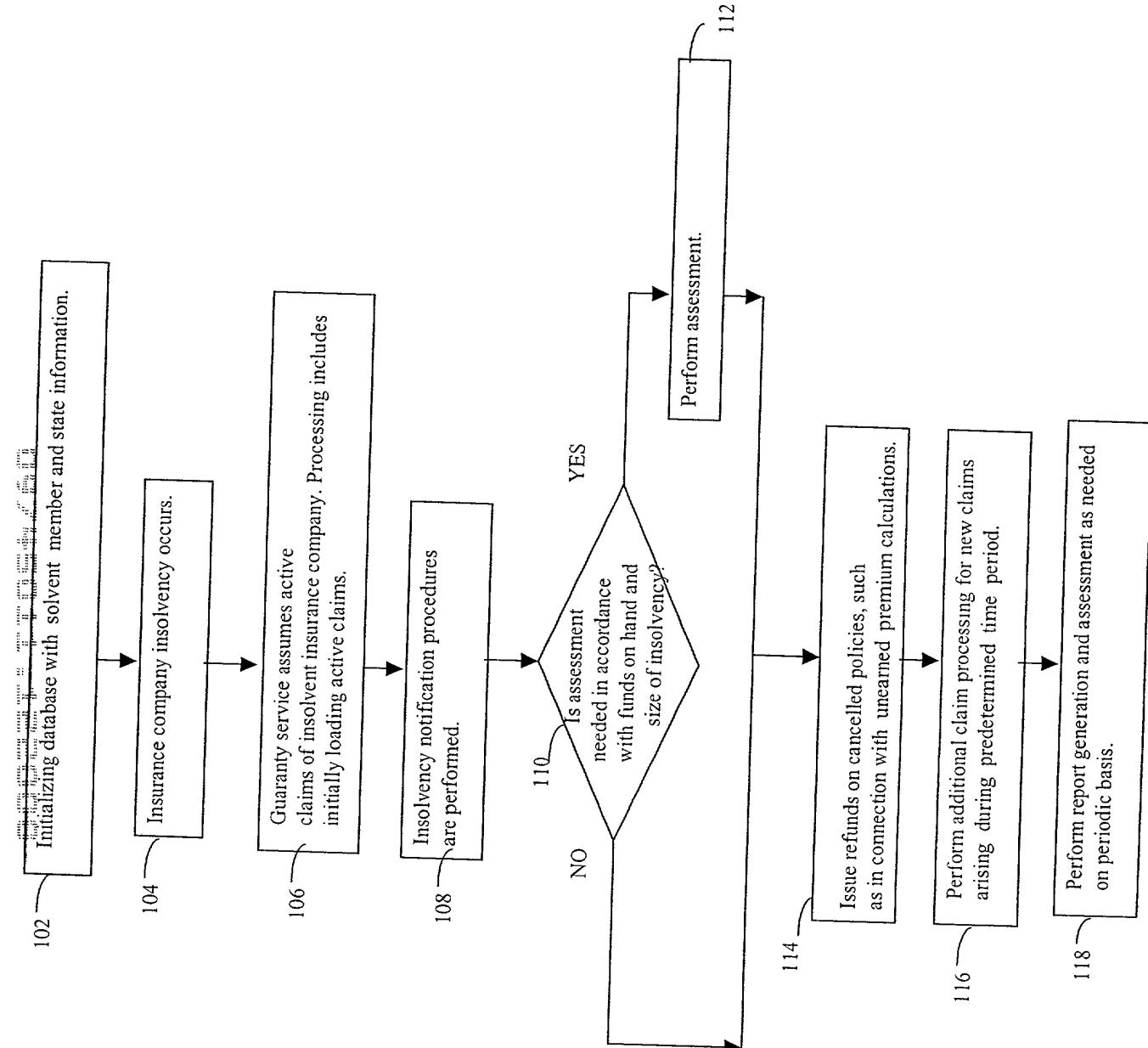
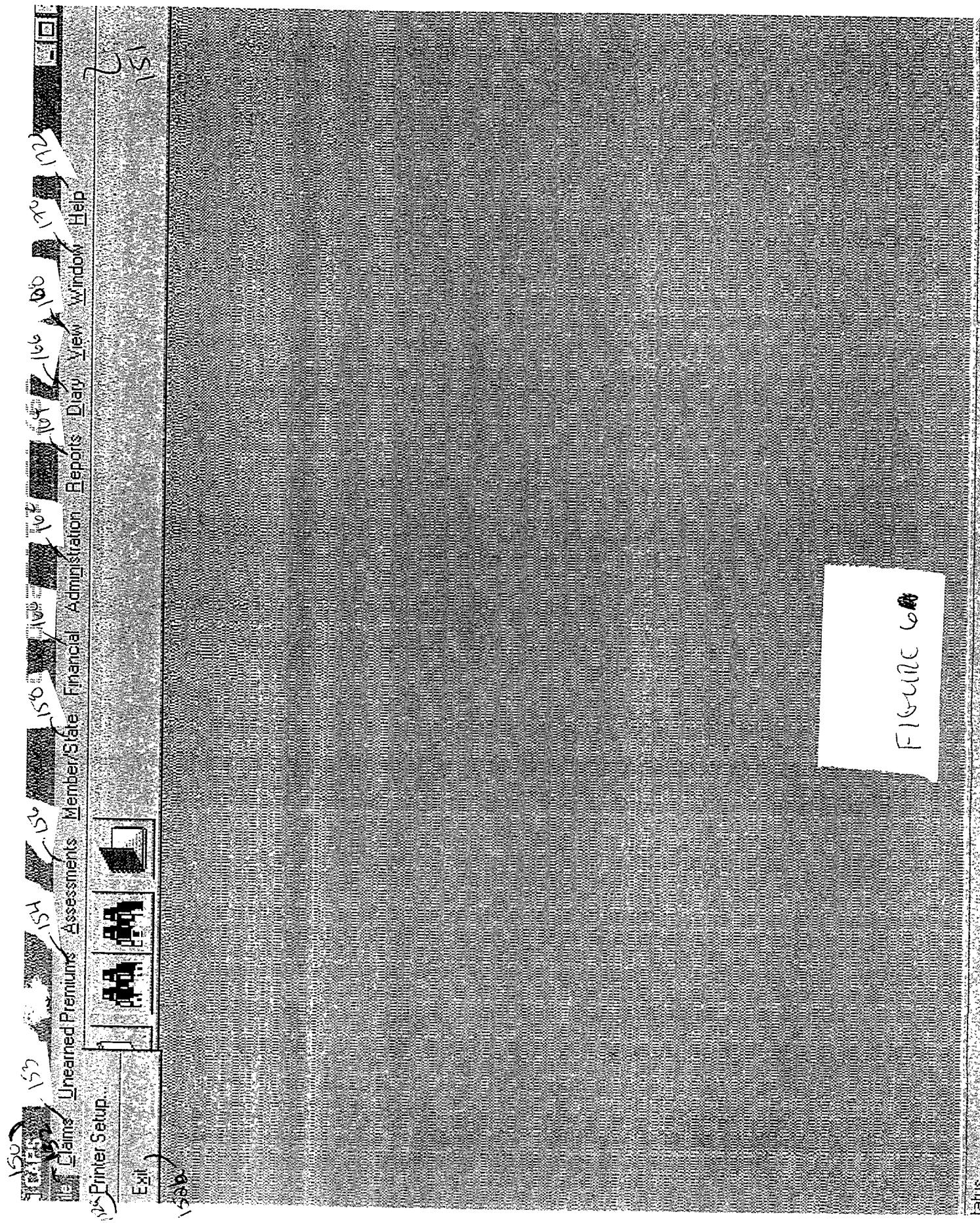


FIGURE 5



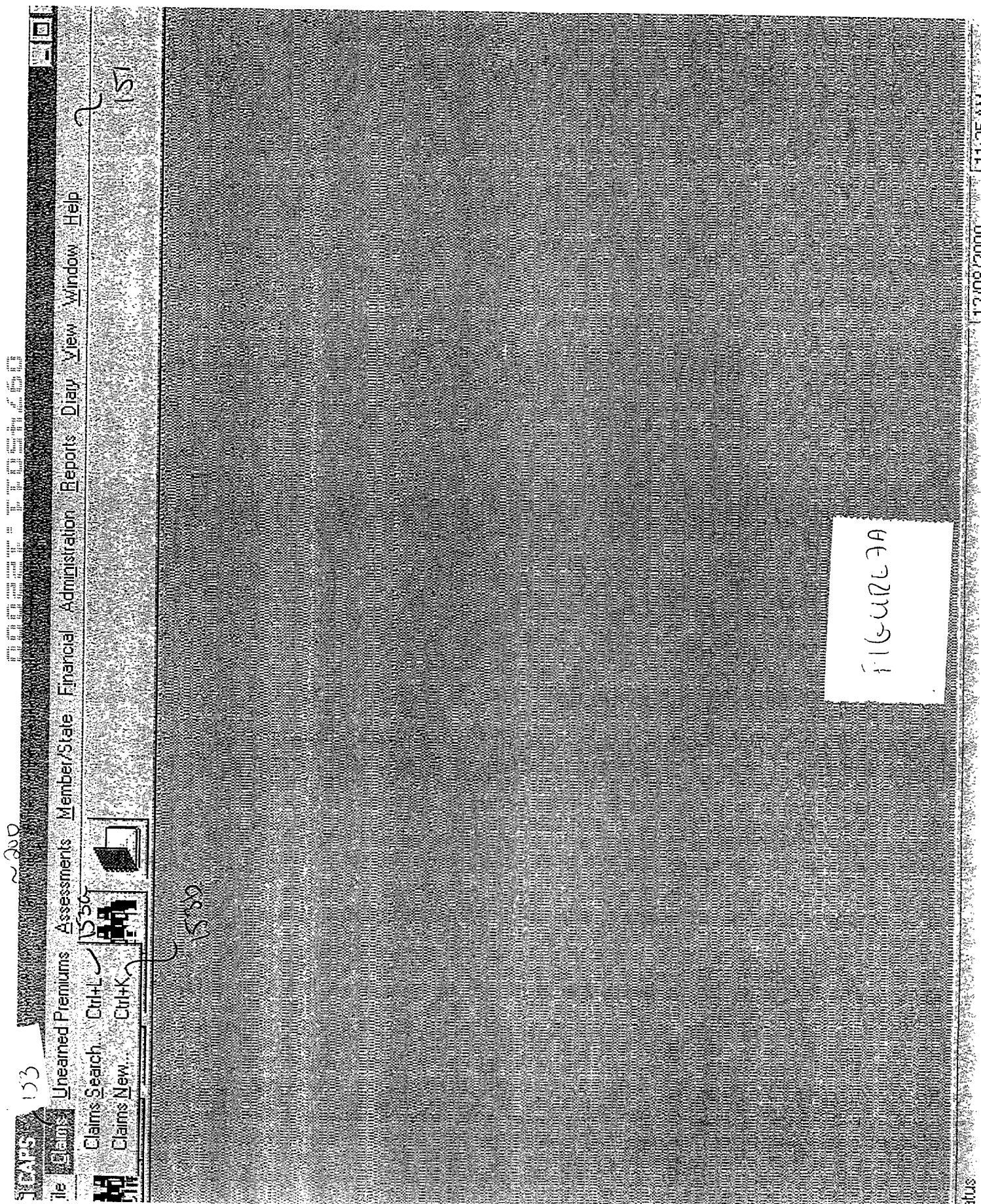


Figure 7c

Claims		Unearned Premiums	Assessments	Member State	Financial Administration	Reports	Diary	View	Window	Help													
     		     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     	     
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File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Dialup View Window Help



Claim Search

State Fund	<input type="text"/>	Claim Number	<input type="text"/>	Policy Number	<input type="text"/>	Claim
Insolvency	<input type="text"/>	Claimant	<input type="text"/>	First Name	<input type="text"/>	Open
Policy Number	<input type="text"/>	D/B/A or Company	<input type="text"/>	MI	<input type="text"/>	Close
Insured	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>	Print
First Name	<input type="text"/>	Insured	<input type="text"/>	MI	<input type="text"/>	Read Notes
D/B/A or Company	<input type="text"/>	D/B/A or Company	<input type="text"/>	Last Name	<input type="text"/>	Print
<hr/>						
Policy						
Insured	<input type="text"/>	Look Up Codes	<input type="text"/>	1	<input type="text"/>	2
Street 1	<input type="text"/>		<input type="text"/>	3	<input type="text"/>	4
Street 2	<input type="text"/>		<input type="text"/>		<input type="text"/>	5
Street 3	<input type="text"/>		<input type="text"/>		<input type="text"/>	6
City	<input type="text"/>		<input type="text"/>		<input type="text"/>	7
Zip Code	<input type="text"/>		<input type="text"/>		<input type="text"/>	8
Telephone	<input type="text"/>	Quick Search	<input type="text"/>		<input type="text"/>	9
Fax	<input type="text"/>		<input type="text"/>		<input type="text"/>	10
Email	<input type="text"/>		<input type="text"/>		<input type="text"/>	11
<hr/>						
New	<input type="button"/>	Search	<input type="button"/>	Close	<input type="button"/>	Close

State Fund	<input type="text"/>	Claim Number	<input type="text"/>	Policy Number	<input type="text"/>	Claim
Insolvency	<input type="text"/>	Claimant	<input type="text"/>	First Name	<input type="text"/>	Open
Policy Number	<input type="text"/>	D/B/A or Company	<input type="text"/>	MI	<input type="text"/>	Close
Insured	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>	Print
First Name	<input type="text"/>	Insured	<input type="text"/>	MI	<input type="text"/>	Read Notes
D/B/A or Company	<input type="text"/>	D/B/A or Company	<input type="text"/>	Last Name	<input type="text"/>	Print
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Policy						
Insured	<input type="text"/>	Look Up Codes	<input type="text"/>	1	<input type="text"/>	2
Street 1	<input type="text"/>		<input type="text"/>	3	<input type="text"/>	4
Street 2	<input type="text"/>		<input type="text"/>		<input type="text"/>	5
Street 3	<input type="text"/>		<input type="text"/>		<input type="text"/>	6
City	<input type="text"/>		<input type="text"/>		<input type="text"/>	7
Zip Code	<input type="text"/>		<input type="text"/>		<input type="text"/>	8
Telephone	<input type="text"/>	Quick Search	<input type="text"/>		<input type="text"/>	9
Fax	<input type="text"/>		<input type="text"/>		<input type="text"/>	10
Email	<input type="text"/>		<input type="text"/>		<input type="text"/>	11
<hr/>						
New	<input type="button"/>	Search	<input type="button"/>	Close	<input type="button"/>	Close

File New Search Notes Print Payment Delete Edit Save Close

File		Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help																																																																										
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3>Unearned Premium Policy Detail</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">State Fund</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Insolvency</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>UP Policy Number</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Insured</td> <td><input type="text"/> MI</td> <td><input type="text"/> MI</td> <td>Last Name</td> </tr> <tr> <td>Insured#2</td> <td><input type="text"/> MI</td> <td><input type="text"/> MI</td> <td>Last Name</td> </tr> <tr> <td>D/B/A or Company</td> <td colspan="3"><input type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3>Policy</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Policy Information</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Inception Date</td> <td colspan="3"><input type="text"/> 1/1</td> </tr> <tr> <td>Billing Type</td> <td colspan="3"><input type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3>Unearned Premium Calculation</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Segment H</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Termination Date</td> <td colspan="3"><input type="text"/> 1/1</td> </tr> <tr> <td>Auditable No</td> <td colspan="3"><input type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3>Agent</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">UP Handler</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>File Location</td> <td colspan="3"><input type="text"/> 100 - ONE BOWDOIN SQUARE, BOSTON MA</td> </tr> <tr> <td>Date</td> <td colspan="3"><input type="text"/> 12/08/2000</td> </tr> <tr> <td>Status</td> <td colspan="3"><input type="text"/></td> </tr> <tr> <td>Status Reason</td> <td colspan="3"><input type="text"/></td> </tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">New</td> <td><input type="button" value="Search"/></td> <td><input type="button" value="View"/></td> <td><input type="button" value="Delete"/></td> <td><input type="button" value="Edit"/></td> <td><input type="button" value="Close"/></td> </tr> </table> </div>													State Fund	<input type="text"/>			Insolvency	<input type="text"/>			UP Policy Number	<input type="text"/>			Insured	<input type="text"/> MI	<input type="text"/> MI	Last Name	Insured#2	<input type="text"/> MI	<input type="text"/> MI	Last Name	D/B/A or Company	<input type="text"/>			Policy Information	<input type="text"/>			Inception Date	<input type="text"/> 1/1			Billing Type	<input type="text"/>			Segment H	<input type="text"/>			Termination Date	<input type="text"/> 1/1			Auditable No	<input type="text"/>			UP Handler	<input type="text"/>			File Location	<input type="text"/> 100 - ONE BOWDOIN SQUARE, BOSTON MA			Date	<input type="text"/> 12/08/2000			Status	<input type="text"/>			Status Reason	<input type="text"/>			New	<input type="button" value="Search"/>	<input type="button" value="View"/>	<input type="button" value="Delete"/>	<input type="button" value="Edit"/>	<input type="button" value="Close"/>
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New	<input type="button" value="Search"/>	<input type="button" value="View"/>	<input type="button" value="Delete"/>	<input type="button" value="Edit"/>	<input type="button" value="Close"/>																																																																																	

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Draw View Window Help



Unearned Premium Policy Detail

State Fund

Insolvency

UF Policy Number

Insured

Insured #1 - First Name:

Last Name:

Insured #2 - First Name:

Last Name:

D.B.A. or Company:

Policy

Insured

Premium Calculation

Payment History

Street 1:

Street 2:

Street 3:

City:

Zip Code:

Name:

Street 1:

Street 2:

Street 3:

City:

Zip Code:

Type:

Proof of Claim

Waived

Proof of Claim #:

Search

New

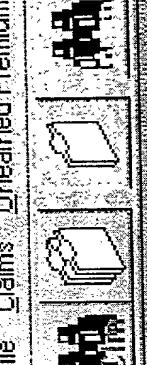
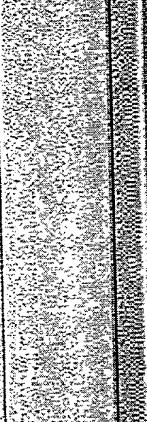
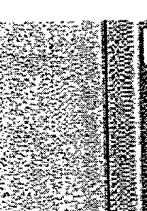
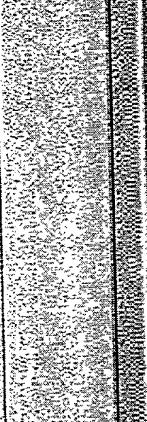
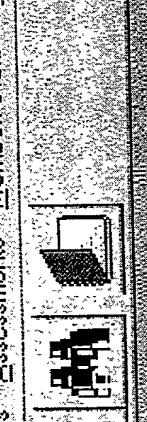
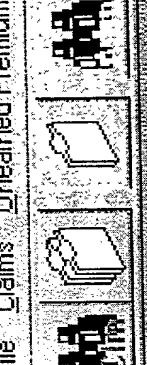
Save

Delete

Close

11/11/15 5:50

230

Unearned Premiums Assessments Member/State Financial Administration Reports Diary View Window Help	
	
	
	
	
	
	
Unearned Premiums Entry Data	
<input type="text"/> State Fund	
<input type="text"/> Insolvency	
JP Policy Number: <input type="text"/>	
Insured Insured #1 First Name: <input type="text"/> MI <input type="text"/> Last Name: <input type="text"/> Insured #2 First Name: <input type="text"/> MI <input type="text"/> Last Name: <input type="text"/>	
D/B/A or Company: <input type="text"/>	
Premium Calculation	
Policy <input type="text"/> Insured <input type="text"/>	
Line of Insurance: <input type="text"/>	
Total Premium: <input type="text"/> 2500	
Premium Paid: <input type="text"/> 2500	
Gross Unearned Premium: <input type="text"/> 2500	
Remaining Deductible: <input type="text"/> 2500	
Payments Issued: <input type="text"/> 2500	
Override Amount: <input type="text"/>	
Unearned Premium to be Paid: <input type="text"/>	
Reserve: <input type="text"/>	
Pay: <input type="button" value="Pay"/>	
Non-Payment Letter: <input type="text"/>	
Payments Issued Letter: <input type="text"/>	
State Deductible: <input type="text"/>	
State Cap: <input type="text"/>	
Deductible Applied: <input type="text"/>	
Pending Amount: <input type="text"/> 2500	
<input type="button" value="Save"/> <input type="button" value="Print"/> <input type="button" value="Delete"/> <input type="button" value="Close"/>	
New <input type="button" value="Search"/> Notes <input type="button" value="Diary"/>	
17(011705 9:15)	

File		Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Diary	View	Window	Help																																																																																																																										
<table border="1"> <tr> <td>State Fund:</td> <td colspan="2"><input type="text"/></td> <td>Insolvency:</td> <td colspan="2"><input type="text"/></td> <td>UP Policy Number:</td> <td colspan="2"><input type="text"/></td> <td>Insured #1 - First Name:</td> <td><input type="text"/></td> <td>MI:</td> <td><input type="text"/></td> <td>Last Name:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>D/B/A or Company:</td> <td colspan="2"><input type="text"/></td> <td>Insured #2 - First Name:</td> <td colspan="2"><input type="text"/></td> <td>Insured - First Name:</td> <td colspan="2"><input type="text"/></td> <td>Insured - First Name:</td> <td><input type="text"/></td> <td>MI:</td> <td><input type="text"/></td> <td>Last Name:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Line of Insurance:</td> <td colspan="2"><input type="text"/></td> <td>UP Policy Number:</td> <td colspan="2"><input type="text"/></td> <td>Total Premium:</td> <td colspan="2"><input type="text"/></td> <td>Insured - D/B/A or Company:</td> <td colspan="2"><input type="text"/></td> <td>Payment Letter:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Premium Paid:</td> <td colspan="2"><input type="text"/></td> <td>Gross Unearned F:</td> <td colspan="2"><input type="text"/></td> <td>Remaining Deduc:</td> <td colspan="2"><input type="text"/></td> <td>Search...</td> <td colspan="2"><input type="text"/></td> <td>Issued Letter:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Payments Issued:</td> <td colspan="2"><input type="text"/></td> <td>Pending Amount:</td> <td colspan="2"><input type="text"/></td> <td>Difference Applied:</td> <td colspan="2"><input type="text"/></td> <td><input type="button" value="Close"/></td> <td colspan="2"><input type="text"/></td> <td></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Overide Amount:</td> <td colspan="2"><input type="text"/></td> <td>Unearned Premium to be Paid:</td> <td colspan="2"><input type="text"/></td> <td><input type="button" value="Pay"/></td> <td colspan="2"><input type="text"/></td> <td><input type="button" value="Close"/></td> <td colspan="2"><input type="text"/></td> <td></td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Reserve:</td> <td colspan="2"><input type="text"/></td> <td>New:</td> <td colspan="2"><input type="text"/></td> <td>Search:</td> <td colspan="2"><input type="text"/></td> <td><input type="button" value="Delete"/></td> <td colspan="2"><input type="text"/></td> <td>Save:</td> <td colspan="2"><input type="text"/></td> </tr> <tr> <td></td> <td colspan="2"><input type="text"/></td> <td>Home:</td> <td colspan="2"><input type="text"/></td> <td>Search:</td> <td colspan="2"><input type="text"/></td> <td><input type="button" value="End"/></td> <td colspan="2"><input type="text"/></td> <td>Close:</td> <td colspan="2"><input type="text"/></td> </tr> </table>													State Fund:	<input type="text"/>		Insolvency:	<input type="text"/>		UP Policy Number:	<input type="text"/>		Insured #1 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>		D/B/A or Company:	<input type="text"/>		Insured #2 - First Name:	<input type="text"/>		Insured - First Name:	<input type="text"/>		Insured - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>		Line of Insurance:	<input type="text"/>		UP Policy Number:	<input type="text"/>		Total Premium:	<input type="text"/>		Insured - D/B/A or Company:	<input type="text"/>		Payment Letter:	<input type="text"/>		Premium Paid:	<input type="text"/>		Gross Unearned F:	<input type="text"/>		Remaining Deduc:	<input type="text"/>		Search...	<input type="text"/>		Issued Letter:	<input type="text"/>		Payments Issued:	<input type="text"/>		Pending Amount:	<input type="text"/>		Difference Applied:	<input type="text"/>		<input type="button" value="Close"/>	<input type="text"/>			<input type="text"/>		Overide Amount:	<input type="text"/>		Unearned Premium to be Paid:	<input type="text"/>		<input type="button" value="Pay"/>	<input type="text"/>		<input type="button" value="Close"/>	<input type="text"/>			<input type="text"/>		Reserve:	<input type="text"/>		New:	<input type="text"/>		Search:	<input type="text"/>		<input type="button" value="Delete"/>	<input type="text"/>		Save:	<input type="text"/>			<input type="text"/>		Home:	<input type="text"/>		Search:	<input type="text"/>		<input type="button" value="End"/>	<input type="text"/>		Close:	<input type="text"/>	
State Fund:	<input type="text"/>		Insolvency:	<input type="text"/>		UP Policy Number:	<input type="text"/>		Insured #1 - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>																																																																																																																								
D/B/A or Company:	<input type="text"/>		Insured #2 - First Name:	<input type="text"/>		Insured - First Name:	<input type="text"/>		Insured - First Name:	<input type="text"/>	MI:	<input type="text"/>	Last Name:	<input type="text"/>																																																																																																																								
Line of Insurance:	<input type="text"/>		UP Policy Number:	<input type="text"/>		Total Premium:	<input type="text"/>		Insured - D/B/A or Company:	<input type="text"/>		Payment Letter:	<input type="text"/>																																																																																																																									
Premium Paid:	<input type="text"/>		Gross Unearned F:	<input type="text"/>		Remaining Deduc:	<input type="text"/>		Search...	<input type="text"/>		Issued Letter:	<input type="text"/>																																																																																																																									
Payments Issued:	<input type="text"/>		Pending Amount:	<input type="text"/>		Difference Applied:	<input type="text"/>		<input type="button" value="Close"/>	<input type="text"/>			<input type="text"/>																																																																																																																									
Overide Amount:	<input type="text"/>		Unearned Premium to be Paid:	<input type="text"/>		<input type="button" value="Pay"/>	<input type="text"/>		<input type="button" value="Close"/>	<input type="text"/>			<input type="text"/>																																																																																																																									
Reserve:	<input type="text"/>		New:	<input type="text"/>		Search:	<input type="text"/>		<input type="button" value="Delete"/>	<input type="text"/>		Save:	<input type="text"/>																																																																																																																									
	<input type="text"/>		Home:	<input type="text"/>		Search:	<input type="text"/>		<input type="button" value="End"/>	<input type="text"/>		Close:	<input type="text"/>																																																																																																																									

CAPS

File Claims Unearned Premiums Assessments Member/Sale Financial Administration Reports Diary View Window Help



Unearned Premium Policy Detail

State Fund

MA - Massachusetts Insurers Insolvency Fund



Insolvency

143 - AMERICAN MUTUAL INSURANCE OF BOSTON



UP Policy Number

C240352018

Insured

Insured #1 - First Name: MI: Last Name: SMITKUMAR B KADAKIA
Insured #2 - First Name: MI: Last Name:

D/B/A or Company:

SMITKUMAR B KADAKIA

Policy

Insured

Premium Calculation

Payment History

Date	Amount	Payer/Description	Check #	Status	Reason	UP Handler	Entered By
05/11/1998	\$263.00	PAYMENT REVERSED ON 11/29	34145	REVERSED		DA1	DA1
01/24/1991	\$0.00	SMITKUMAR B KADAKIA - SMITI		RECOVERY	OTHERC		

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

New

Search

Notes

Print

Save

Close

FIGURE 8F

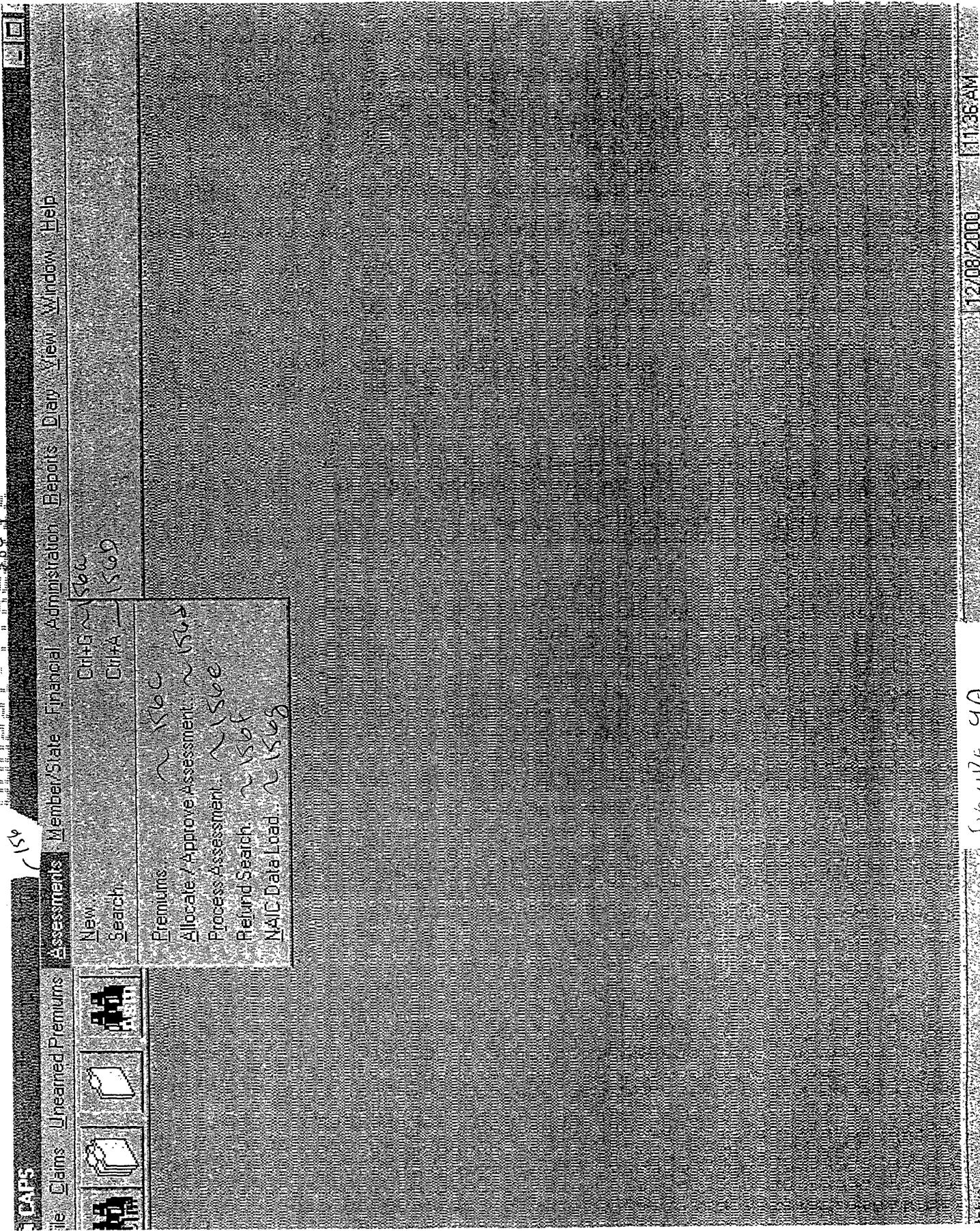
12/08/2010 11:25 AM

Claim Detail		
State Fund	State Fund Massachusetts Insurers Insolvency Fund	
Insolvency	AMERICAN MUTUAL INSURANCE OF BOSTON	
UP Policy Number	240362018	
Insured	SMITKUMAR BKADAKA, SMITKUMAR BKADAKA	
Insured #1 - First D/B/A or Company	Smitkumar Bkadaka	
Policy Number	11220	
Claim Number	Reviewer ID 152	Number of Days 120
Date of Loss	Review Date 12/08/2000	Comments 01/22/2001
Line of Insurance	New Unearned Premium	
Total Premium	Comments 01/22/2001	
Premium Paid	Comments 01/22/2001	
Gross Unearned Premium Issued	Comments 01/22/2001	
Remaining Due	Comments 01/22/2001	
Payments Issued	Comments 01/22/2001	
Divende Amount	Comments 01/22/2001	
Unearned Premium Reserve	Comments 01/22/2001	
New	Save	Cancel
	Close	

12/08/2000 11:26 AM

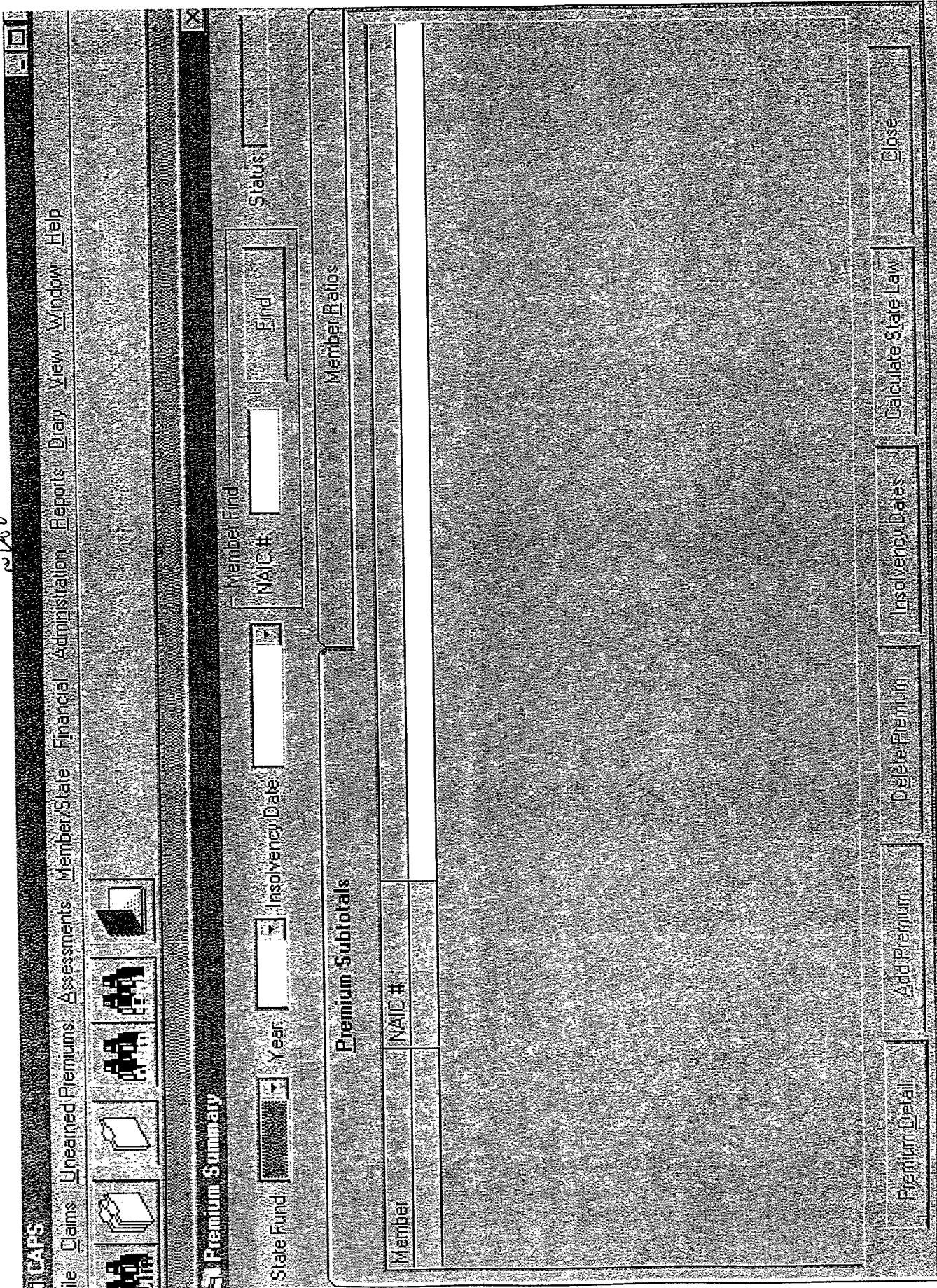
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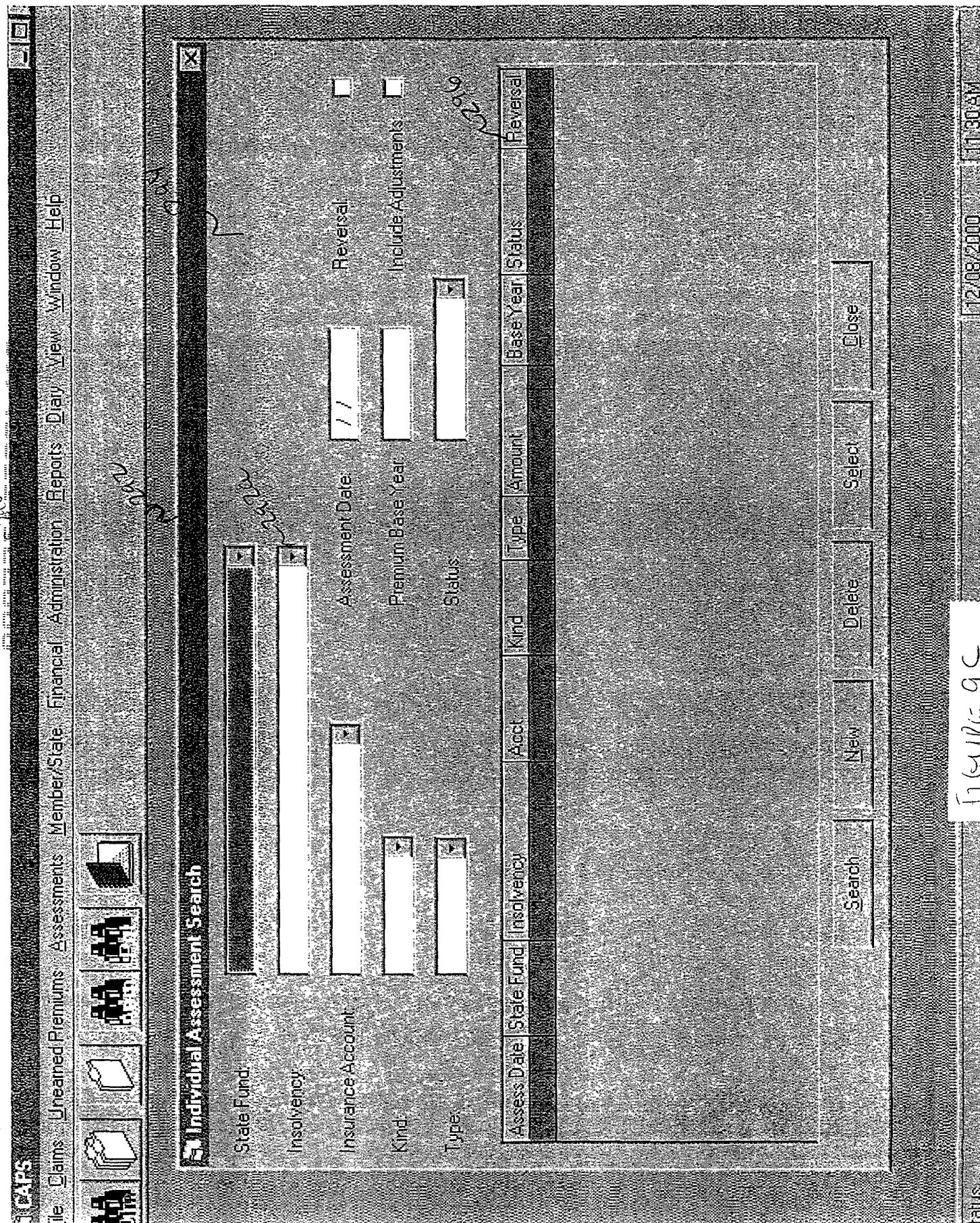
12/08/2000 11:26 AM



11-02-00 9A

12/08/2000 11:36 AM





153

Frictional acc

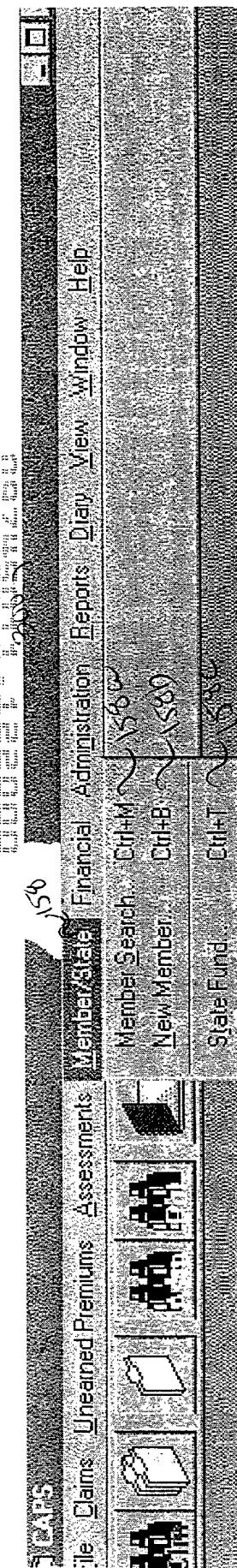


FIGURE 10A

File		Claims	Unearned Premiums	Assessments	Member/State	Financial	Administration	Reports	Day	View	Window	Help
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  Member Detail <input type="text" value="1234567890"/> <input type="text" value="Member Name"/> <input type="checkbox"/> Assign to Group </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  Group Detail <input type="text" value="1234567890"/> <input type="text" value="Group Name"/> <input type="checkbox"/> Assign to Group </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  Member Information <input type="text" value="Member"/> <input type="text" value="Account Name"/> <input type="checkbox"/> Member </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  Statement Liquidation <input type="text" value="Statement Liquidation"/> <input type="checkbox"/> Statement Liquidation </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Operational Liquidation <input type="text" value="Operational Liquidation"/> <input type="checkbox"/> Operational Liquidation </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Staff Funds <input type="text" value="Staff Funds"/> <input type="checkbox"/> Staff Funds </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Comments <input type="text" value="Comments"/> <input type="checkbox"/> Comments </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> State of Domicile <input type="text" value="State of Domicile"/> <input type="checkbox"/> State of Domicile </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Servicing Member <input type="text" value="Servicing Member"/> <input type="checkbox"/> Servicing Member </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Split Member <input type="text" value="Split Member"/> <input type="checkbox"/> Split Member </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Split Date <input type="text" value="Split Date"/> <input type="checkbox"/> Split Date </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Address <input type="text" value="Address"/> <input type="checkbox"/> Address </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Combine Member <input type="text" value="Combine Member"/> <input type="checkbox"/> Combine Member </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Member ID <input type="text" value="Member ID"/> <input type="checkbox"/> Member ID </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Search <input type="text" value="Search"/> <input type="checkbox"/> Search </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> History <input type="text" value="History"/> <input type="checkbox"/> History </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> New <input type="text" value="New"/> <input type="checkbox"/> New </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Leave <input type="text" value="Leave"/> <input type="checkbox"/> Leave </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Close <input type="text" value="Close"/> <input type="checkbox"/> Close </div>												

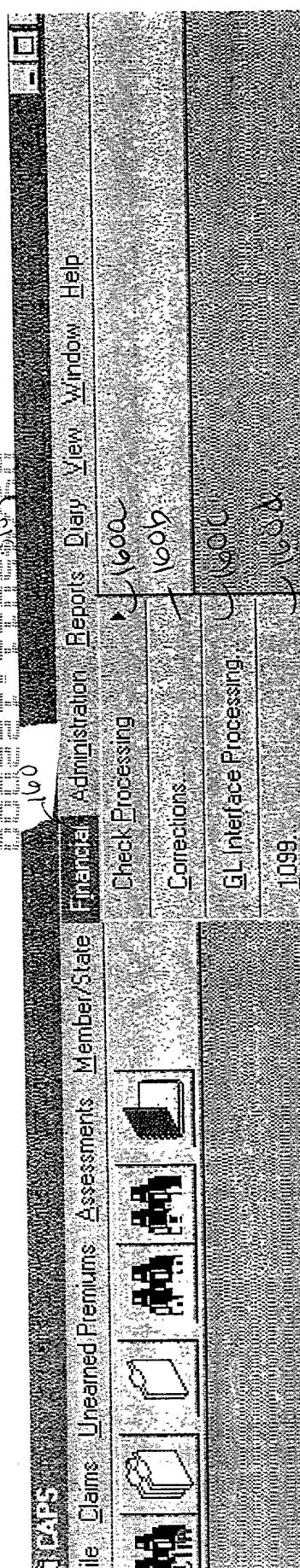
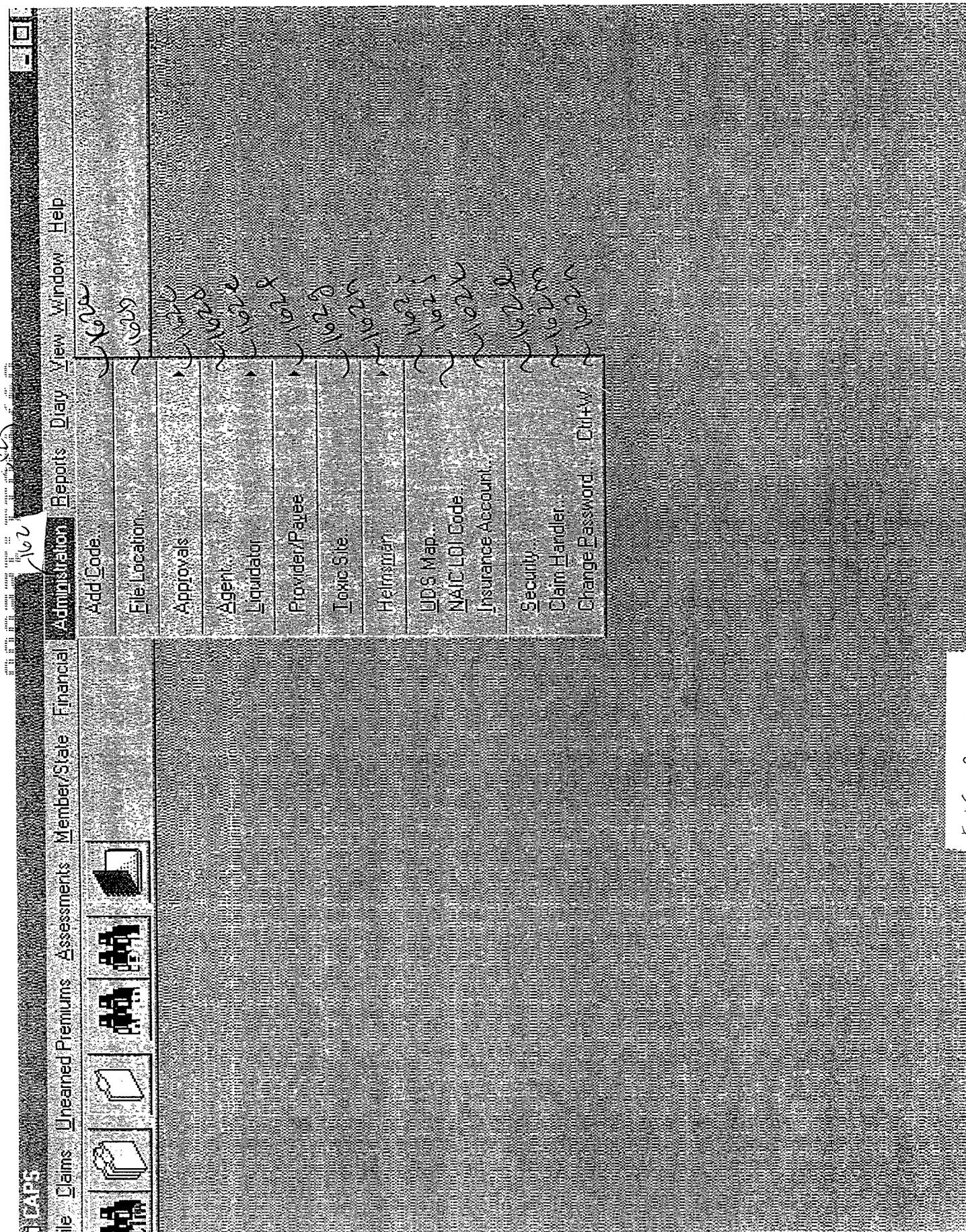


FIGURE 11 A

12/08/2000 11:137 AM

114



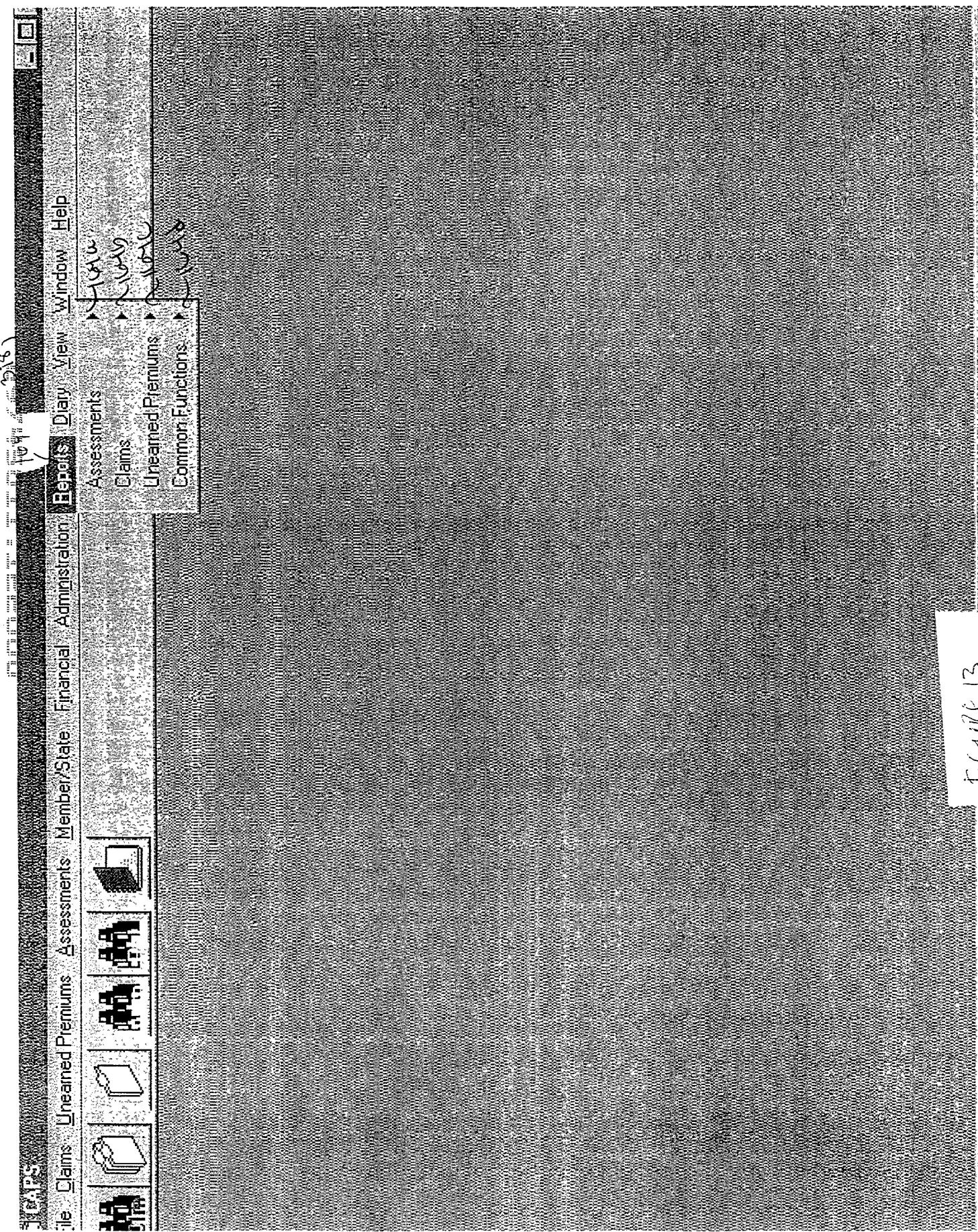
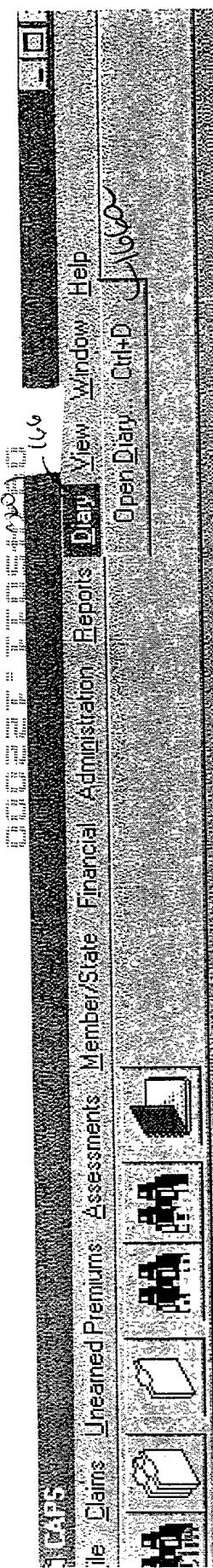


Figure 13

12/08/2000 11:38 AM



12/08/2000 11:38 AM

File Help

14

File Claims Unearned Premiums Assessments Member/State Financial Administration Reports Day View Window Help

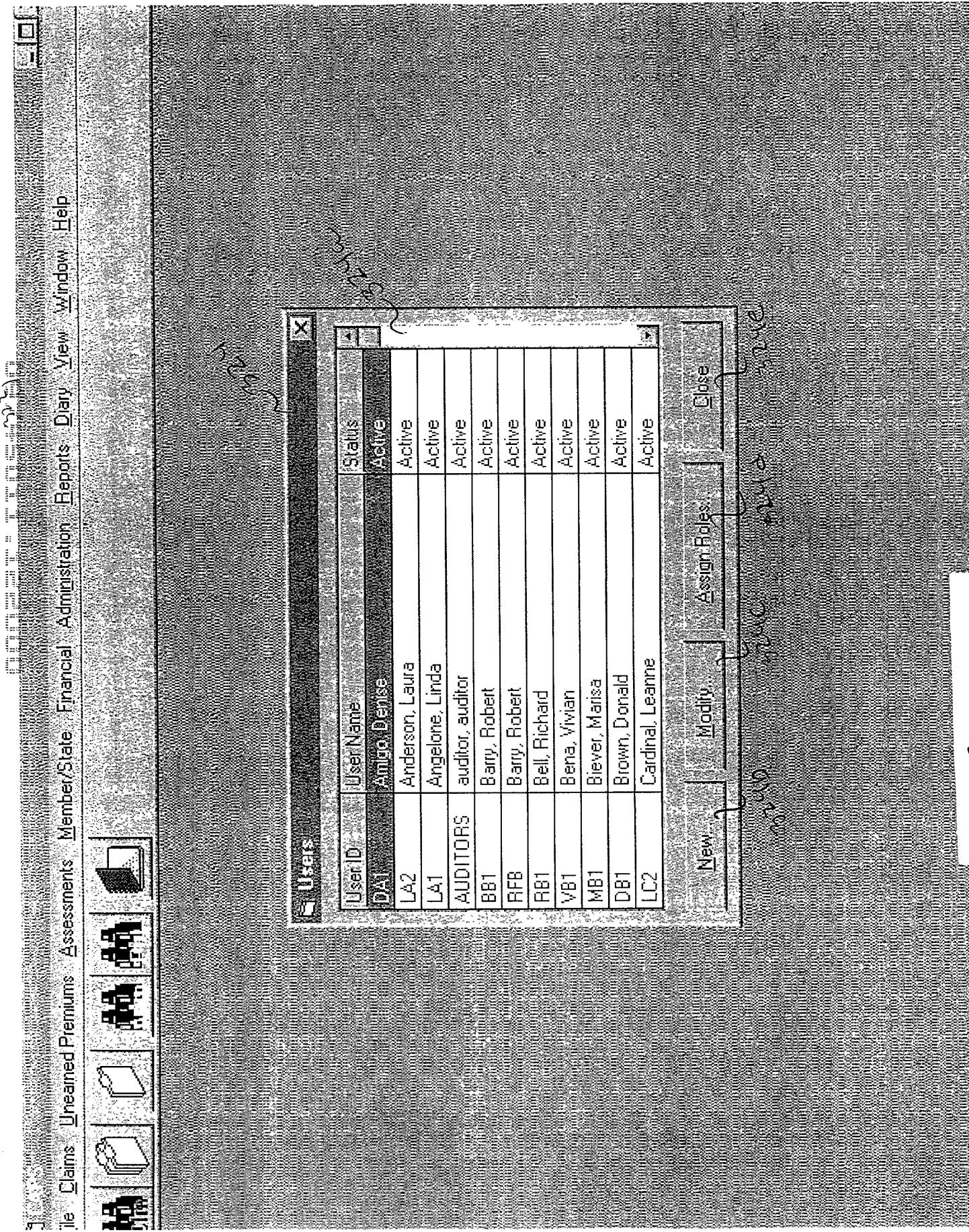


Change Password

User ID	152
Old Password	<input type="password"/>
New Password	<input type="password"/>
Confirm New Password	<input type="password"/>

10/12/05

12/08/2000 11:32 AM



Transac 16

12/08/2000 11:32 AM

File Claims Premiums Assessments Member/State Financial Administration Reports Display View Window Help

Assign Role

User Name: Knight, Denise

Available User Roles:

- Accounting Clerk
- Accounting Manager
- Claims Assistant Manager
- Claims Clerk
- Senior Claim Clerk
- Unearned Premiums Clerk
- UNKNOWN

Assigned User Roles:

- Claims Handler
- Claims Manager
- Unearned Premiums Handler
- Unearned Premiums Manager

Save Cancel

12/08/2000 11:13 AM

17

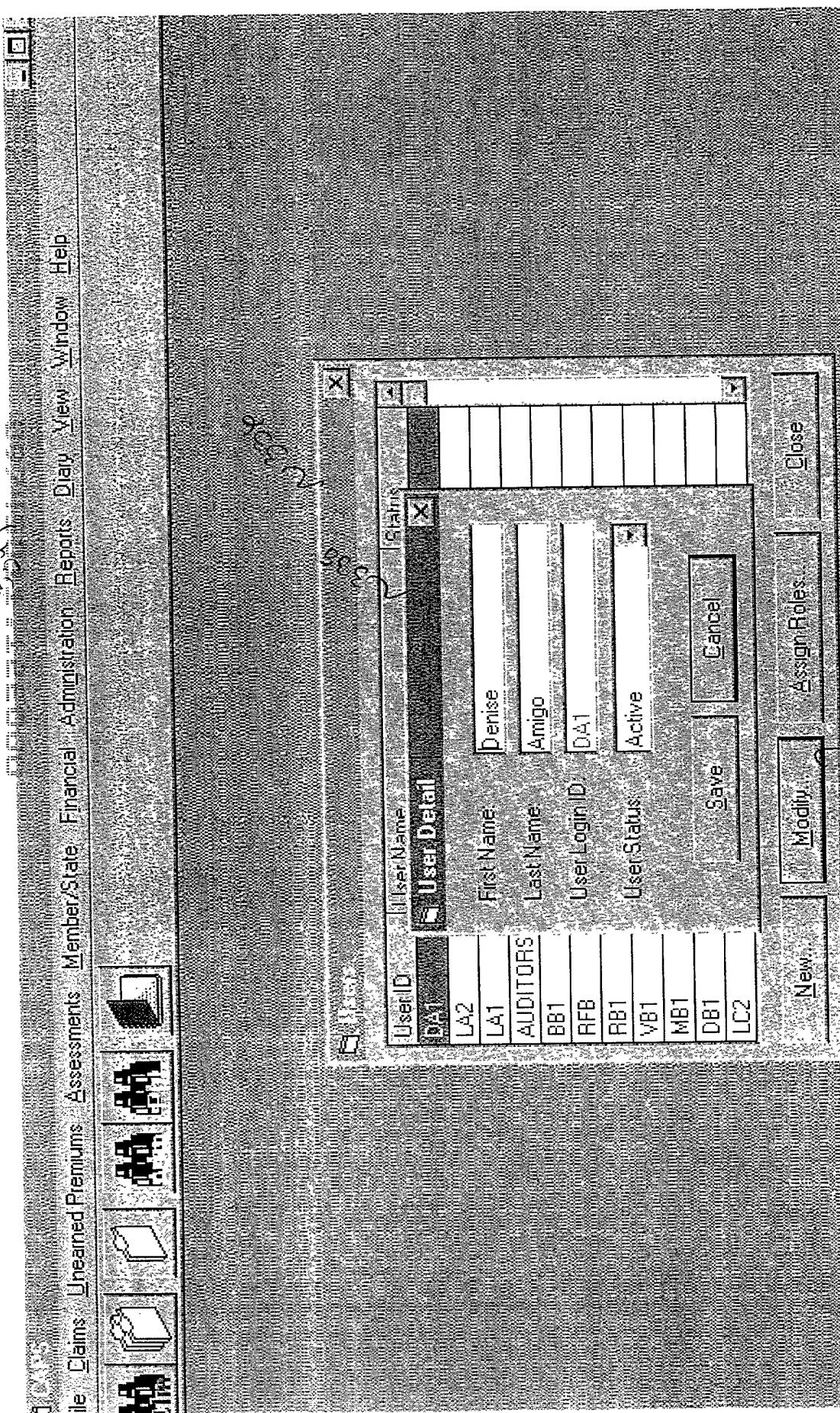


Figure 18

12/08/2000 11:34 AM

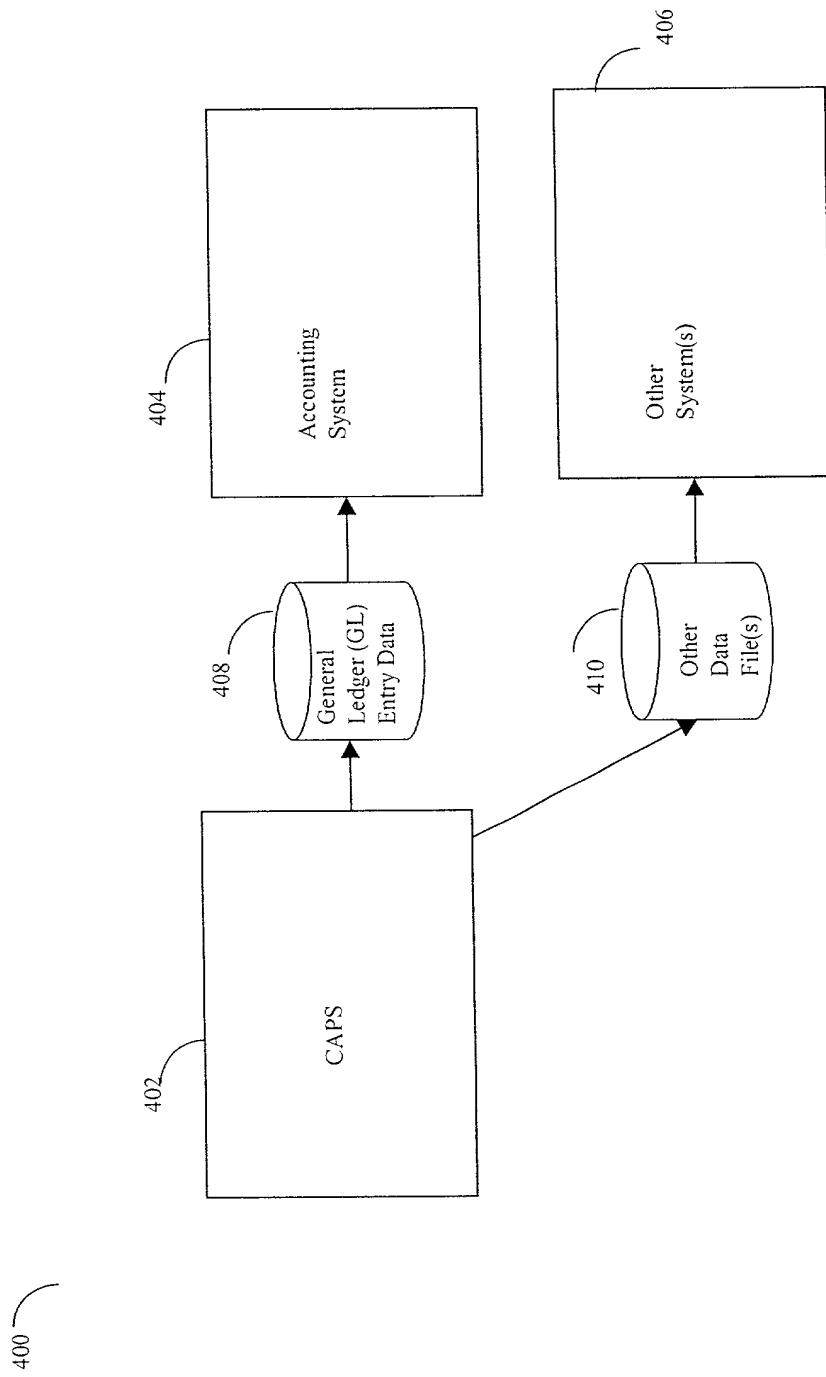


FIGURE 19

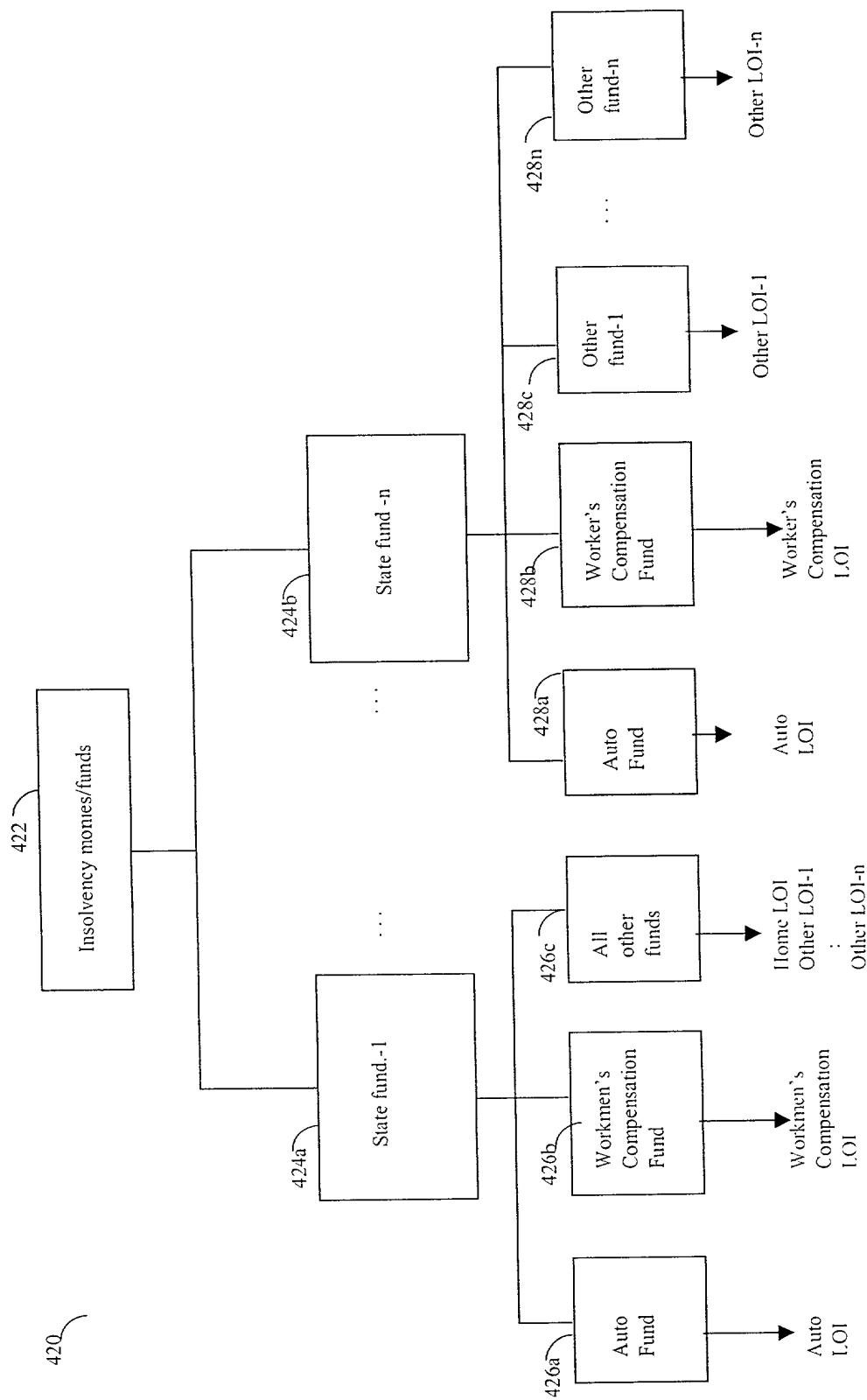


FIGURE 20

5007

SC4

SC2

Insolvency Mapping

Insolvency: Johnson Mutual Insurance Company

State Fund: NH

Insurance Account: Auto

Coverage List:

Yes/No	Coverage Code	Coverage Description
N	305003	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit
N	305006	Commercial Auto-Liability-Bodily Injury-Combined Single or Split Limit-Aggregate
N	305009	Commercial Auto-Liability-Bodily Injury-Underinsured Motorist
N	305012	Commercial Auto-Liability-Bodily Injury-Uninsured Motorist
N	305015	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit
N	305018	Commercial Auto-Liability-Property Damage-Combined Single or Split Limit-Aggregate
N	305021	Commercial Auto-Liability-Property Damage-Underinsured Motorist
N	305024	Commercial Auto-Liability-Property Damage-Uninsured Motorist
N	305027	Personal Injury Protection (PIP)-No Fault
N	305030	Medical Payments
N	305033	Comprehensive or Specified Perils
...

Map/Unmap Save Close

Sub a

Sub b

Sub c

FIGURE 21

510

514

516

• Totals

State Fund:	MA	Claim Number:	12345678901234567890
Insolvency:	Abington Mutual Insurance Company	GFMIS Number:	GF00000001
Policy Number:	HP020240000000000000	Date of Loss:	04/27/1999

Claimant				Coverage					
Claimant: Bronson Klopfenstein									
Coverage List:									
Coverage	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Benefits	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$1,000.00	\$100.00	\$500.00
Medical Expense	\$11,000.00	\$600.00	\$0	\$5,000.00	\$1,000.00	\$0	\$1,000.00	\$0	\$0
COLA	\$3,000.00	\$500.00	\$150.00	\$1,000.00	\$200.00	\$50.00	\$0	\$0	\$0
Claimant Totals	\$314,000	\$21,000	\$2,150	\$46,000	\$5,200	\$50	\$2,000	\$100	\$500
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000

Close

FIGURE 22

520

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526

Totals		Coverage							
State Fund	MA	Claim Number	12345678901234567890						
Insolvency	Abington Mutual Insurance Company	GFMS Number	GF00000001						
Policy Number	HP020240000000000000	Date of Loss	04/27/1999						
Claimant		Coverage							
Coverage	Benefits								
Claimant List									
Claimant	Loss Res.	Loss Paid	Loss Pend.	Exp. Res.	Exp. Paid	Exp. Pend.	Loss Recovery	Exp. Recovery	Offset
Bronson Klopfenstein	\$300,000.00	\$20,000.00	\$2,000.00	\$40,000.00	\$4,000.00	\$0	\$2,000.00	\$150.00	\$600.00
John Smith	\$200,000.00	\$30,000.00	\$3,000.00	\$40,000.00	\$5,000.00	\$1,000.00	\$0	\$0	\$0
Coverage Totals	\$500,000	\$50,000	\$5,000	\$80,000	\$9,000	\$1,000	\$2,000	\$150	\$600
Claim Totals	\$600,000	\$60,000	\$10,000	\$90,000	\$15,000	\$3,000	\$7,000	\$500	\$1,000
<input type="checkbox"/>									
Close									

FIGURE 23

530

532

533

534

536

Diary Detail

State Fund:	RI Ins. Insolvency Fund			
Insolvency:	United Community Insurance Co.			
Policy Number:	WC 447824			
Insured:	South Kingstown School Dept			
Claimant:	Jason Rodner			
Claim Number:	435678			
Date of Loss:	02/13/1999			
User ID:	gw1	Reviewer ID:	dr1	
Diary Date:	05/10/1999	Review Date:	06/30/1999	
Comments:	New Claim	OR	Number of Days:	

Diary History List

Diary Date	Review Date	Comments

Save Cancel

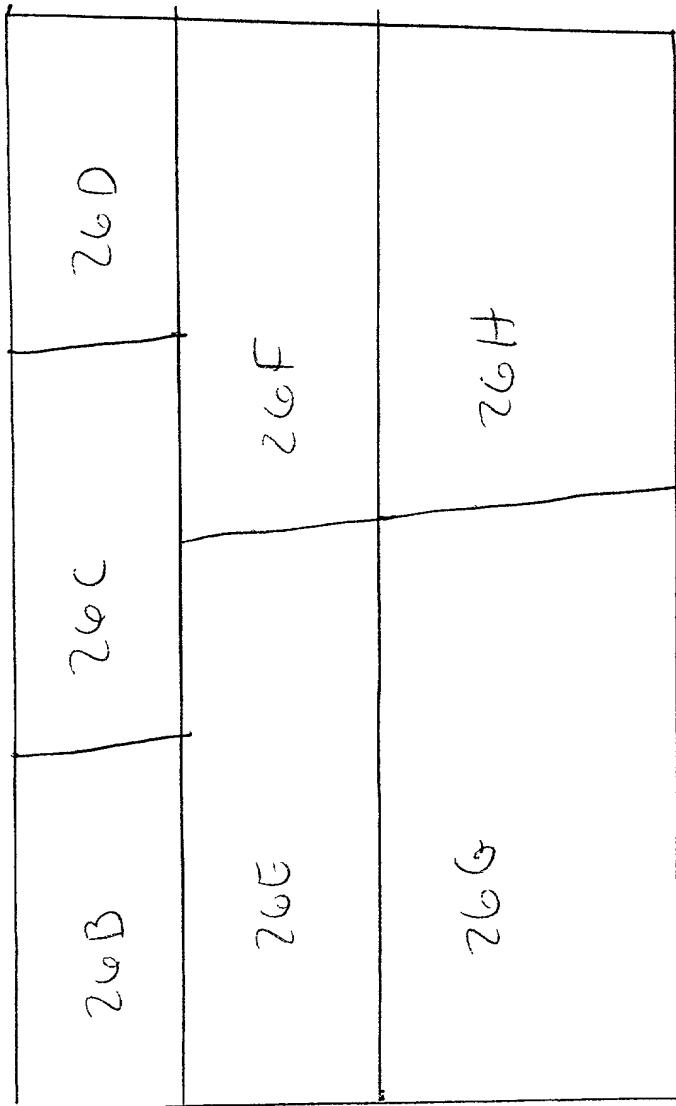
FIGURE 24

540 541 542 543 544 545 546 547 548 549 550 551 552

Action	Diary Type	Claim	Unearned Premium	Generic ⁺
Approval	• when a claim payment is deleted	Claim payment approval	✓	
Approval	• when an unearned premium payment is deleted	Up payment approval		✓
Approval	• when the closing of a claim is rejected	Claim closing approval	✓	
Approval	• when the closing of an unearned premium is rejected	Up closing approval		✓
Claim	• when a claim status is changed to "close"	Claim status changed	✓	
Unearned Premium	• when an unearned premium status is changed to "close"	Up status changed		✓
LOI	• when a LOI is modified	Loi modified		✓
LOI	• when a LOI is deleted	Loi deleted		✓
Notes	• when a claim note is sent to a reviewer	Claim note	✓ ¹	
Notes	• when a claimant note is sent to a reviewer	Claimant note	✓	
Notes	• when an unearned premium note is sent to a reviewer	Up note		✓
Reserve	• when a reserve is adjusted for a claimant	Claim reserve	✓	
Reserve	• when a reserve is adjusted for a unearned premium policy	Up reserve		✓
Taxpayer	• when a new taxpayer is added	New taxpayer		✓
Taxpayer	• when a taxpayer is modified	Modify taxpayer		✓
Claimant	• When the user enters or adjusts a reserve above a user's preset reserve aggregate or increment limit, then a diary is sent to a Claim Manager for approval.	Claimant reserve above limit	✓	

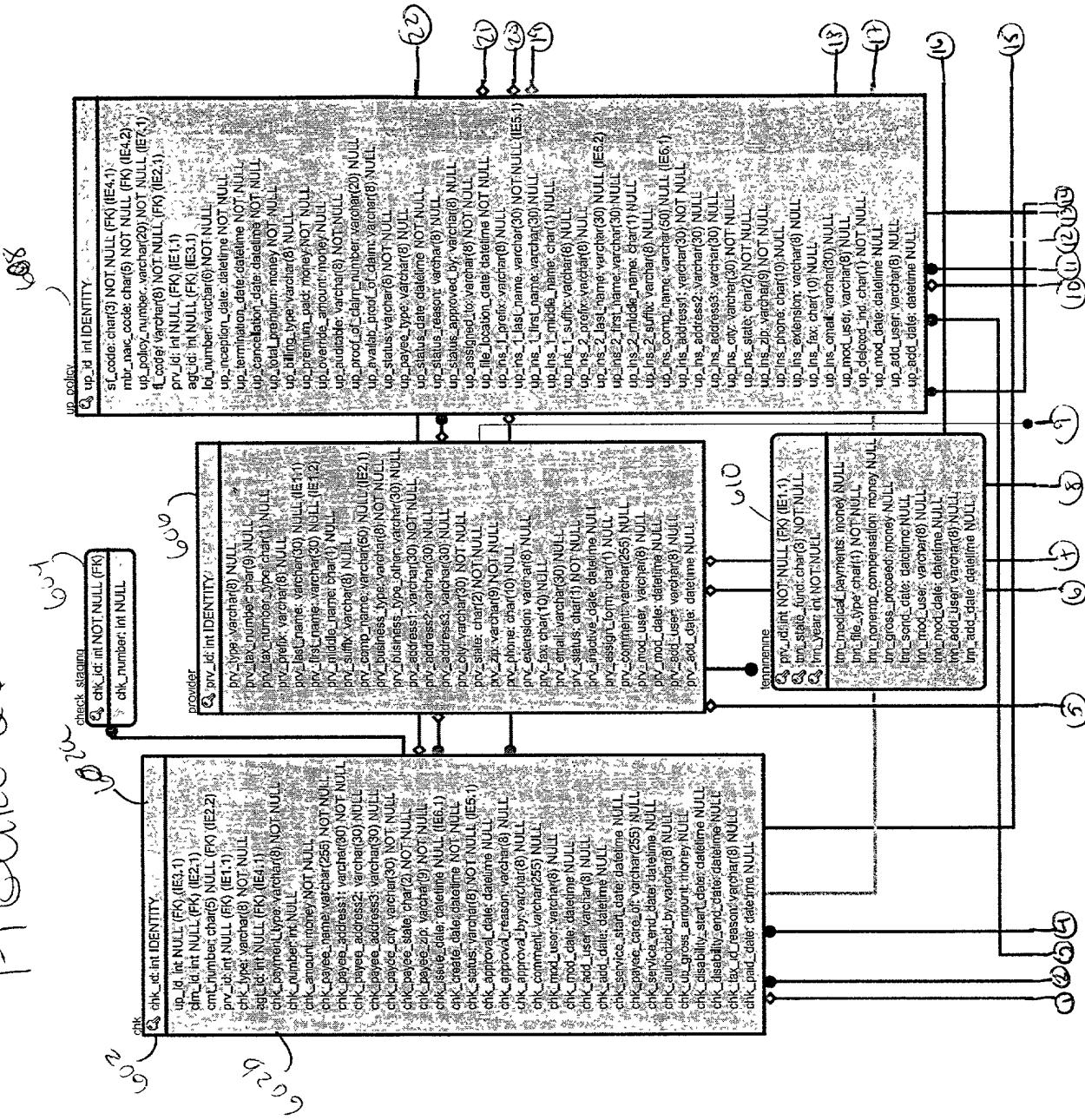
FIGURE 25

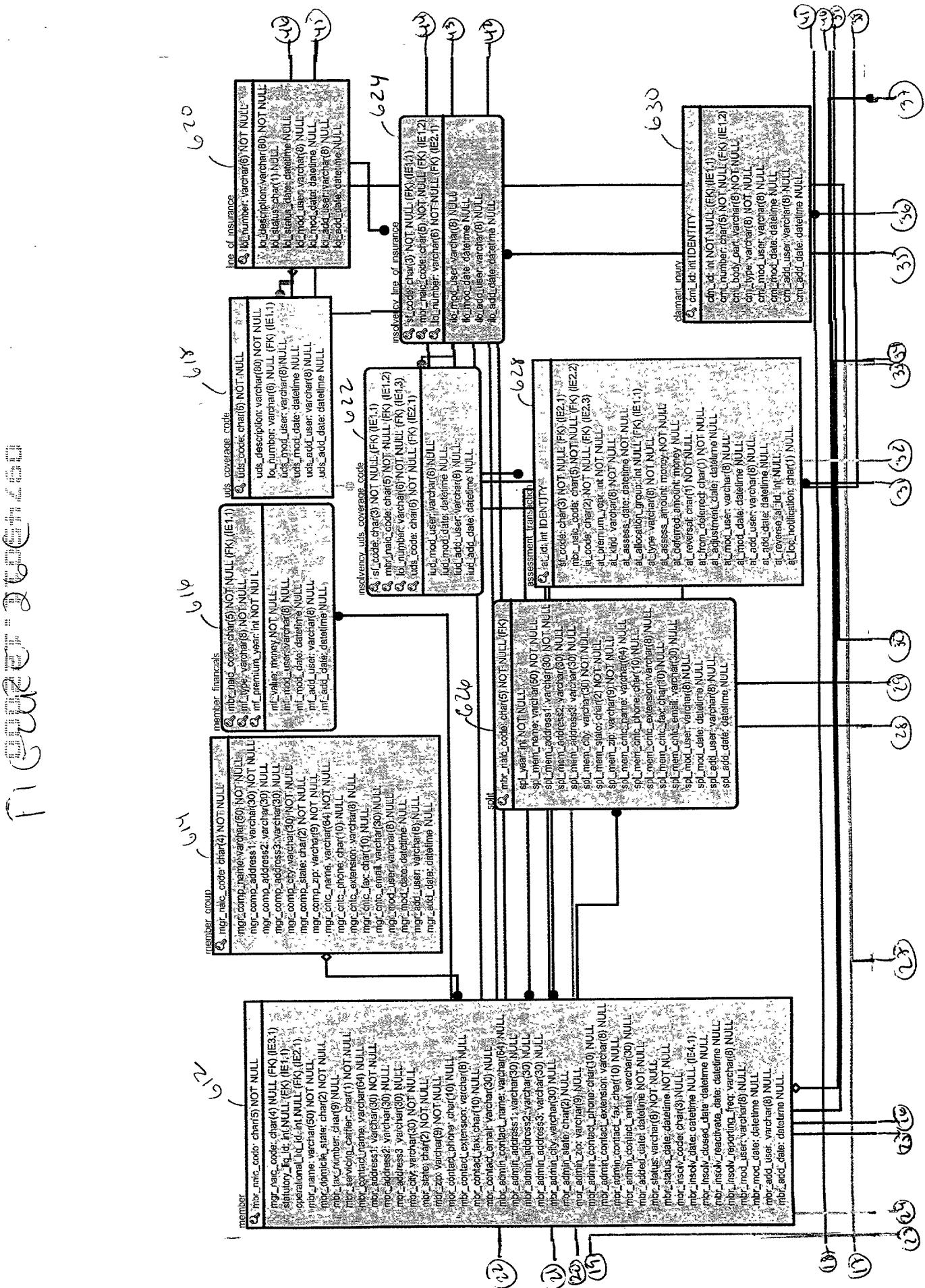
F1 Gene 26A

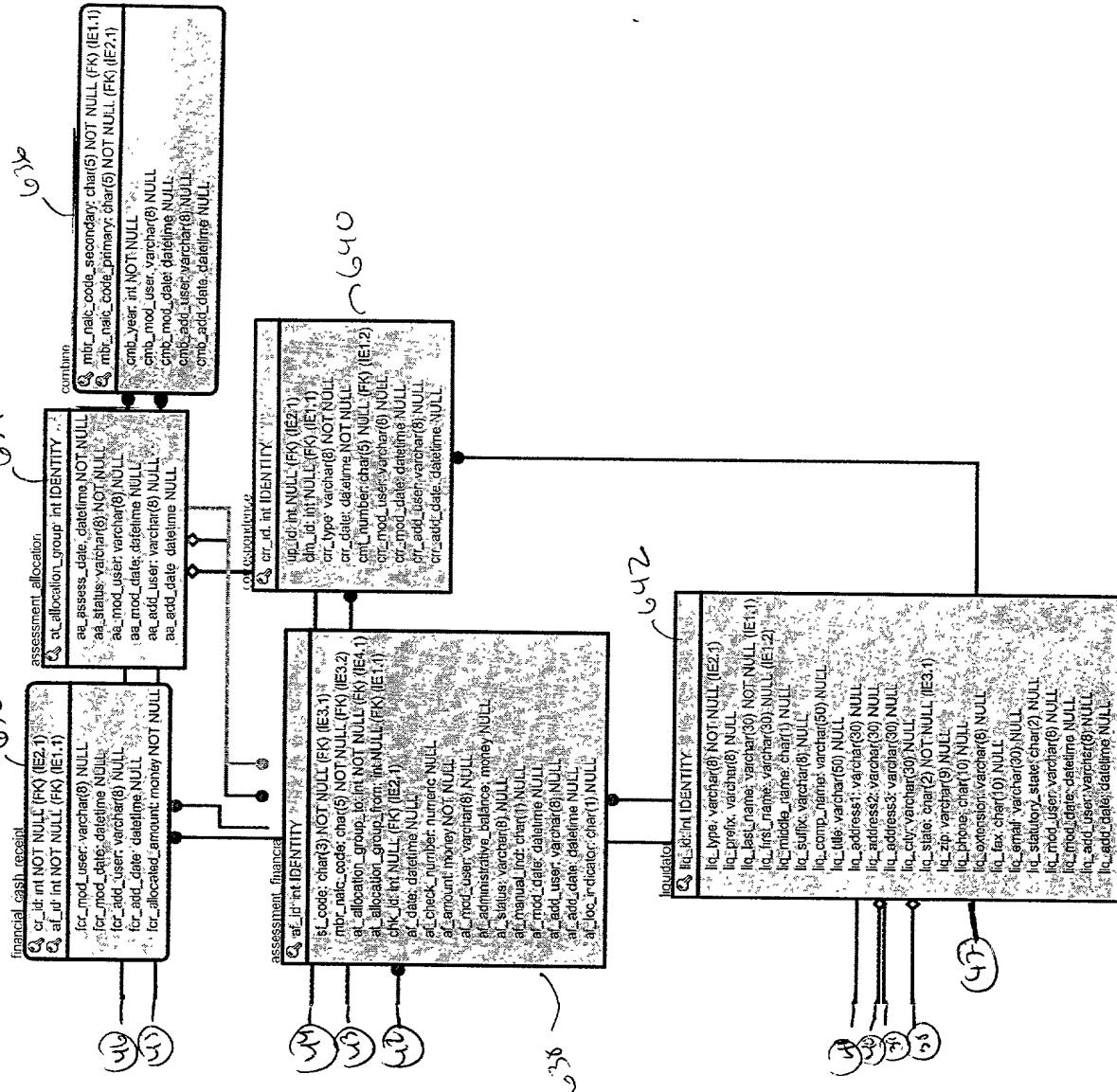


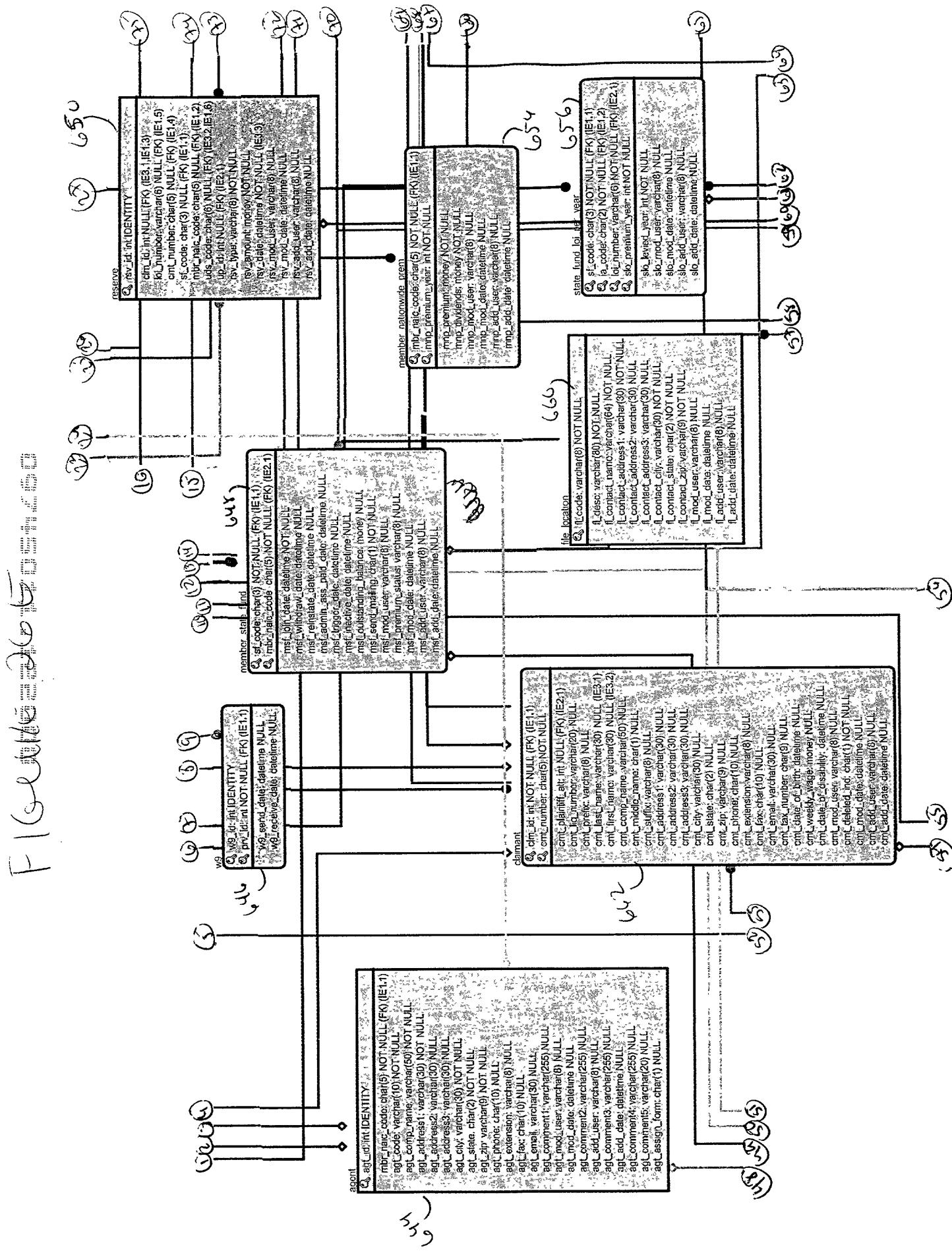
2600

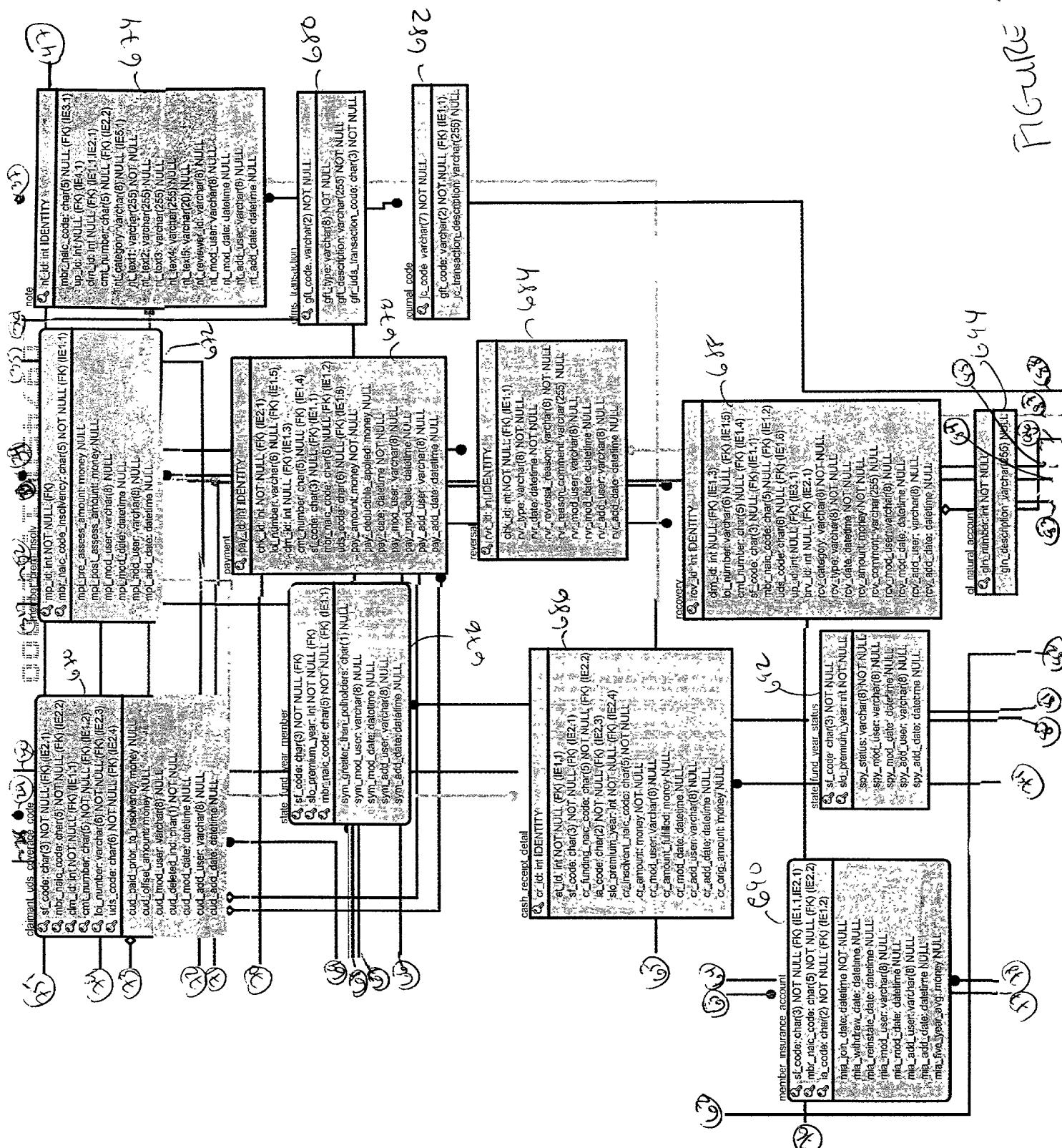
El Gulló 24B

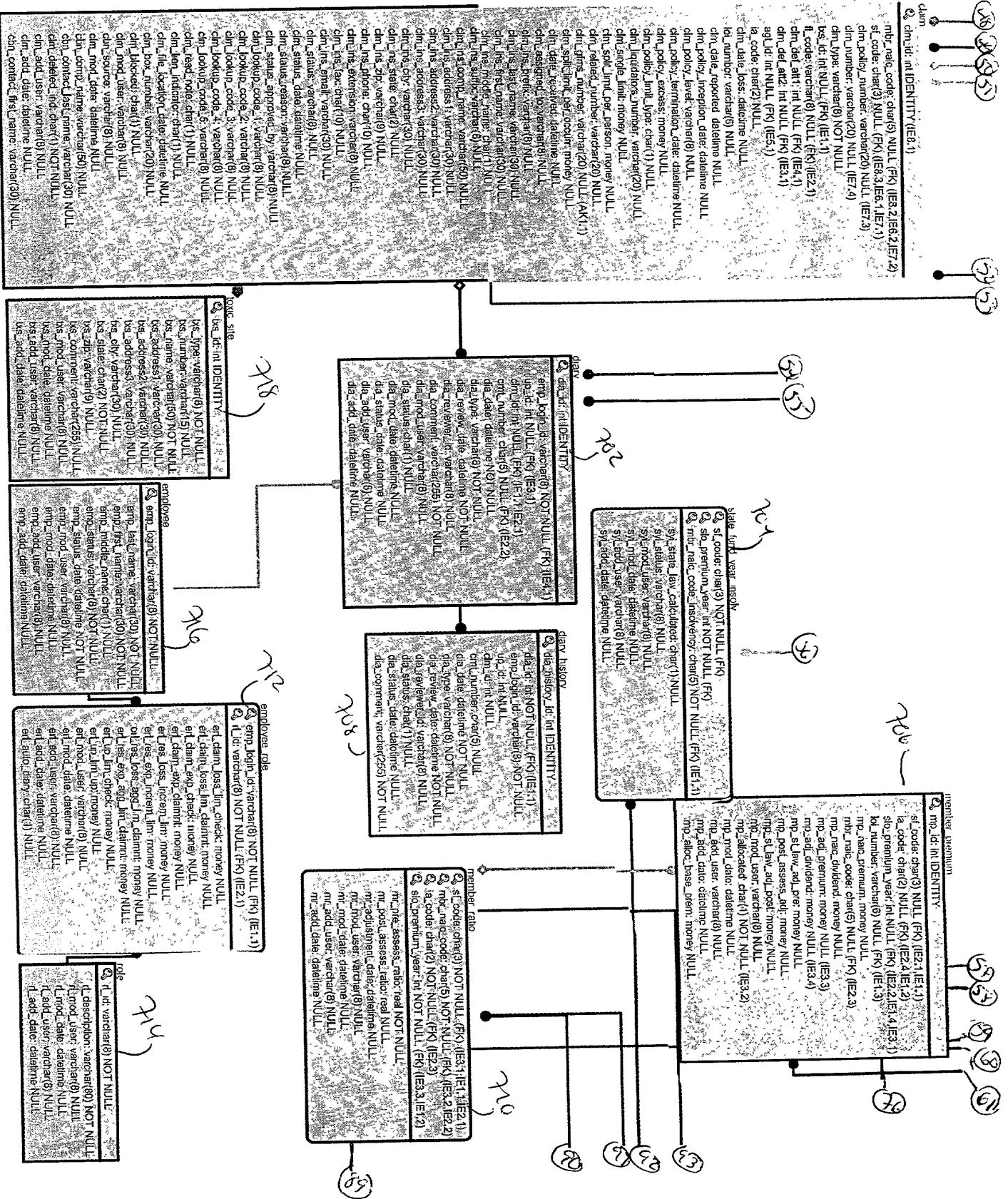












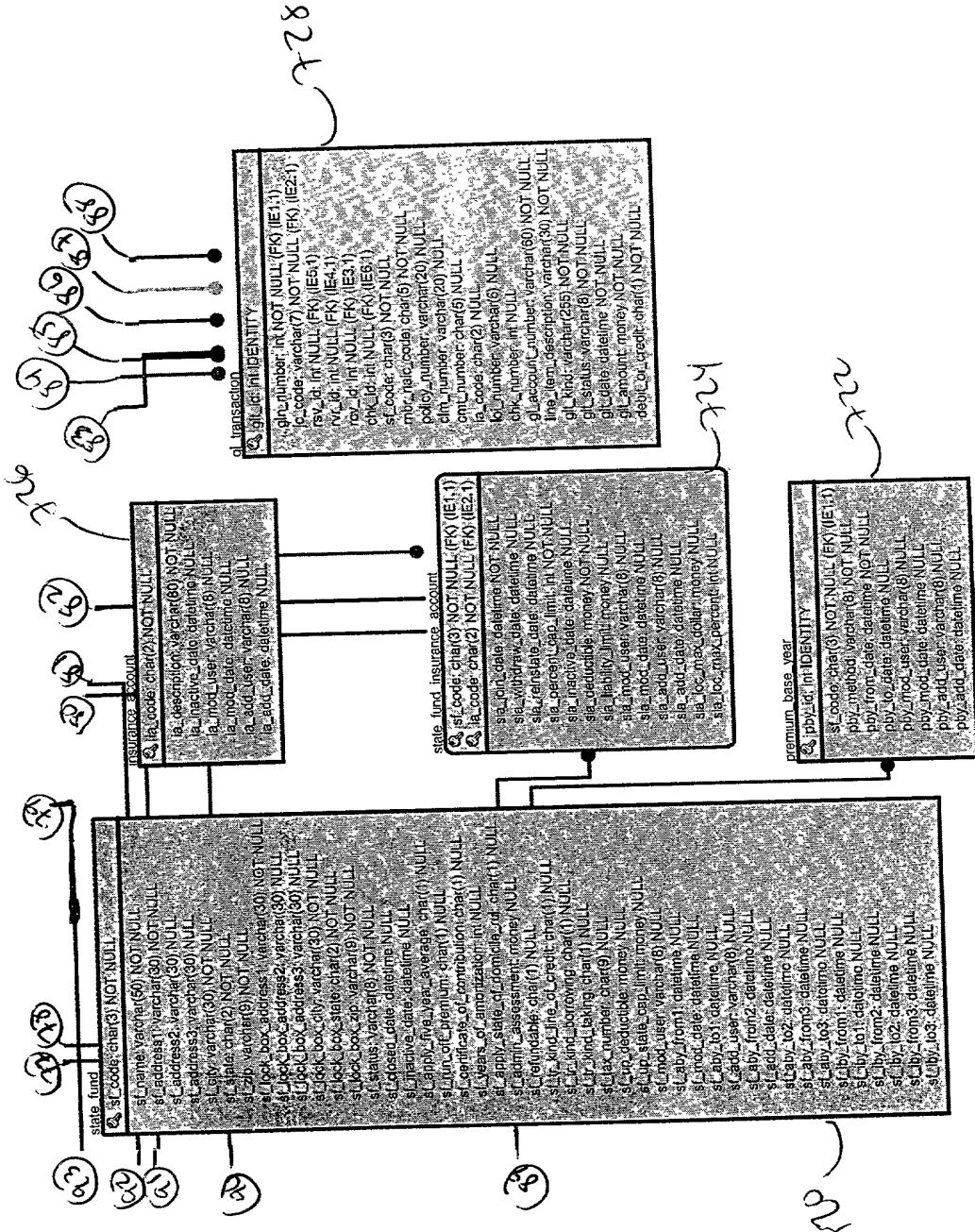


Figure 2c

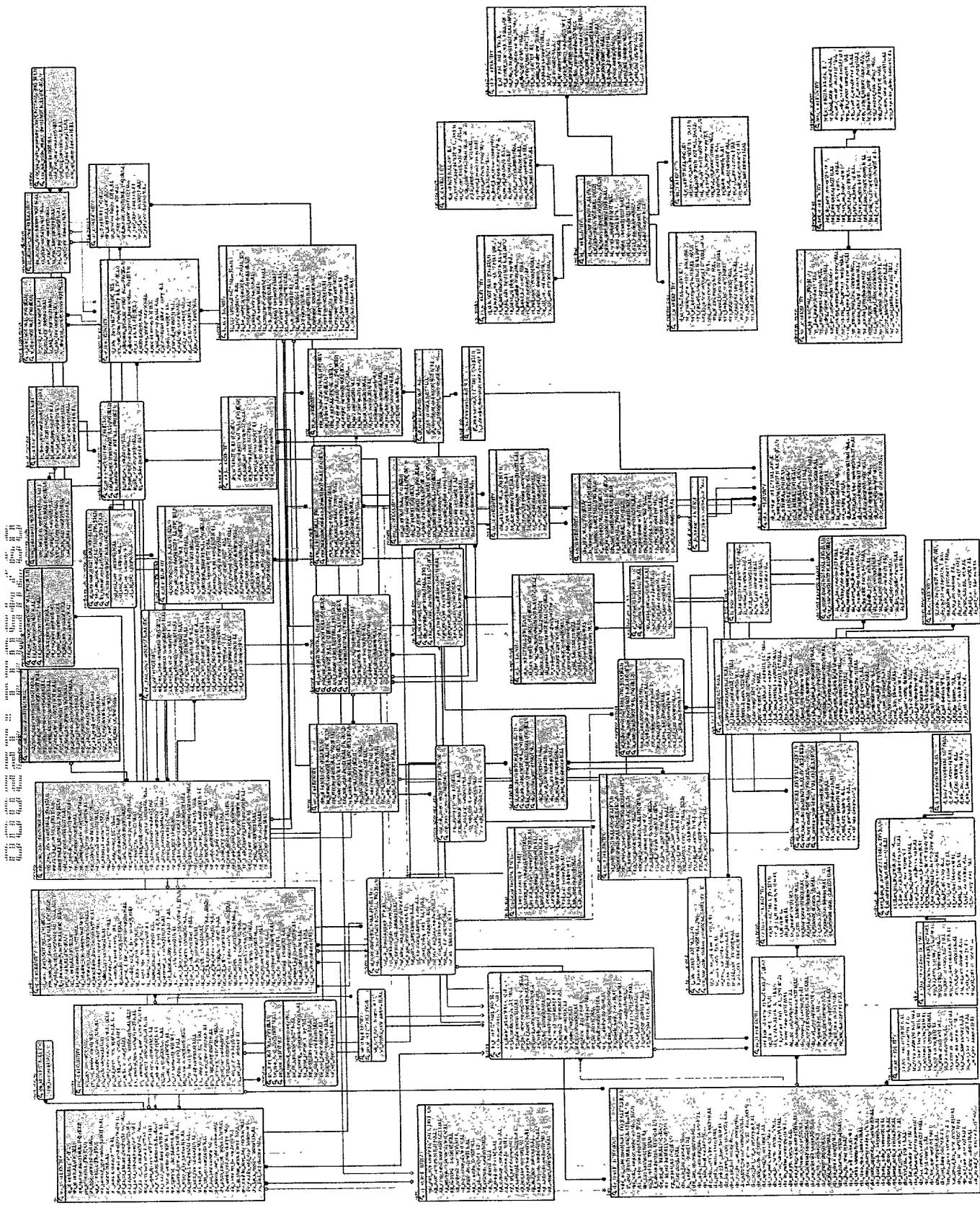


FIGURE 26.1

Figure 27

